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Epidemiology WORLDWIDE HEALTH

JPRS-TEP-92-012

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27 July 1992

[This EPIDEMIOLOGY report contains only material on worldwide health issues. AIDS and other epidemiology topics will be covered in later issues. Comments and queries regarding this publication may be directed to Roberta, FBIS, P.O. Box 2604, Washington, DC 20013.]

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GHANA

Report on Regional Health Services

92WE0357Z Accra PEOPLE'S DAILY GRAPHIC
in English 8 Feb 92 pp 1, 8-9

[Article by Iddrisu Seini, Bolga]

[Excerpt] [Passage omitted] The report [the 1991 annual report on health services in the region] said the present manpower level of the health services, especially doctors, cannot cope with last year's estimated population of 961,412.

The 1984 census put the population of the region at 772,774.

It said there are 19 medical doctors at present to cater for the almost one million people.

According to the June 1990 edition of the Children's and women of Ghana situation analysis, the ratio of doctors to persons in the region is 40,000.

The percentage of the rural service coverage in the region has also been put at 38.6 percent as against 40 percent for the whole country.

Dr. Kwame Adogboba, Director of Health Services in charge of the region in an interview, described the staffing situation of doctors as grossly inadequate.

The regional hospital, he said, has two surgeons, one obstetrician, one physician and two general practitioners at present. All the specialists except one, are Cubans on short contract.

Dr. Adogboba said the regional hospital has two training institutions for nurses and midwives and said there is therefore the need for more doctors, especially specialists including a paediatrician, to assist training programmes in schools.

The regional director, however, said one of the main aims of the ministry is to transfer qualified staff to the districts in line with the decentralisation policy.

He said a massive training programme has therefore been drawn up under which in-service training will be carried out at sub-districts and regional levels during the year as an effort to strengthen the manpower needs of the ministry.

Schoolchildren To Receive Worm Treatment

92WE0357A Accra PEOPLE'S DAILY GRAPHIC
in English 12 Feb 92 pp 1, 8-9

[Article by Rosemary Ardayfio and Andrews S. Biney]

[Excerpt] An expanded programme aimed at treating about 2.5 million primary and junior secondary school children for Schistosomiasis and a variety of intestinal worm infections has been launched in Accra.

The programme, known as the Expanded Programme of Chemotherapy [PNDC], will also include education about these infections and their prevention.

Children of school age have been targetted for this programme because studies have shown that they are more vulnerable and are usually affected at the time that they have the opportunity to education.

These worm infections result in allergic symptoms, irritability, lack of mental concentration and physical and even intellectual retardation. Fatal effects may also occur in heavy infections.

Dr. (Mrs) Mary Grant, PNDC member who launched the programme yesterday at Accra's Novotel Hotel said the geographical distribution and the intensity of parasitic worm infection have increased since the creation of the Volta Lake.

She said although intestinal schistosomiasis has a more focal distribution, the other intestinal worm infections are more widespread and they include roundworms, hookworms, threadworms, whipworms, strongyloids and tapeworms.

Dr. Grant said the programme is based on the results of pilot projects in other countries which have indicated that there are available drugs that provide effective control of worm infestations when administered.

She said the programme is expected to start in the Volta Region in March, adding that district assemblies will be responsible for the implementation of the programme. [Passage omitted]

Guinea Worm Eradicated in 140 Volta Villages

92WE0399A Accra PEOPLE'S DAILY GRAPHIC
in English 29 Feb 92 p 16

[Article by Tim Dzamboe, Nkwanta]

[Text] The guinea worm disease has been eradicated in 140 endemic villages in the Nkwanta District of the Volta Region within the past three years.

Within the period from 1989 to 1991, total number of cases reduced from 8,026 to 2,426.

In 1989, 224 endemic villages with a total of 8,026 cases were recorded; in 1990 it reduced to 104 endemic areas with a total of 4,556 cases and reduced further in 1991 to 84 endemic villages with a total of 2,426 cases.

Mr. M.K. Drafor, District Co-ordinator of the Guinea Worm Eradication Programme, gave this statistical overview in an interview at Nkwanta.

He appealed to the Ghana Water and Sewerage Corporation (GWSC) and development aid agencies to assist in the provision of more boreholes for Kecheibi, Kpassa and Bonakye.

Ghana-Togo Cooperation Commission Ends in Lome

AB2903154092 Accra Ghana Broadcasting Corporation Radio Network in English 1800 GMT 27 Mar 92

[Excerpts] The second session of the Ghana-Togo Permanent Commission for Cooperation has ended in the Togolese capital, Lome. The three-day session was attended by delegations from the two countries led by their foreign affairs ministers.

In a communique, the two sides reaffirmed their desire to revitalize and strengthen relations between their countries. They also emphasized the need to respect human rights and fundamental freedoms as well as maintain peace and security throughout Africa and the rest of the world. [Passage omitted] . The communique recommended the coordination of all kinds of health projects, especially in activities to fight against drugs and psychotropic substances, and supervision and organization of vaccination programs. [Passage omitted]

Onchocerciasis Campaign Succeeds in North

92WE0433A Accra PEOPLE'S DAILY GRAPHIC in English 31 Mar 92 pp 1, 8, 9

[Text] Onchocerciasis (river blindness) is no longer the dangerous disease that hampered socioeconomic development in some parts of northern Ghana.

This is the result of the successful reduction of the population of the black fly (vector) which causes the disease, under the World Health Organisation sponsored Oncho Control Programme (OCP) to an acceptable level.

In an interview with the Ghana News Agency at Tamale at the weekend, Dr. Ahmed Diallo, the entomologist of the OCP (Northern sector) mentioned areas along the Red Volta and upper section of the White Volta as well as areas in the Fumbisi Valley, all of which have been rid of the disease. The people have, therefore, gone back to resettle and are vigorously engaged in production.

Dr. Diallo said the programme has also introduced ivermectin drug, which is both preventive and curative, to enhance the vector control and sustain the achievement of the programme.

He said the OCP has achieved this target in the programme areas six years ahead of schedule by clearing the affected areas of the virus through vector control.

Due to the success of the programme, it has been decided to extend it to the southern parts of Ghana, Togo and Benin, he said.

Four new countries, Senegal, Guinea Bissau, Guinea and Sierra-Leone have also been included in the programme which has been extended from 1994 when it was scheduled to end in 2004.

The programme started in seven countries comprising Ghana, Togo, Niger, Mali, Burkina Faso, Cote D'Ivoire and Benin.

Dr. Diallo said at the start of the programme, between 80 and 90 percent of the population of the Oncho communities were affected by the disease. The incidence of the disease is now lower than five percent.

Hence aerial treatment along the Red Volta and the upper section of the White Volta has been suspended.

However, aerial treatment is continuing on the Sissili, Kulpawn and Nasia rivers and would continue up to River Oti and the Black Volta, he said.

Dr. Diallo said with the suspension of the aerial treatment, investigation and monitoring were being reinforced and the results analysed according to statistical patterns.

He said though the vector (black fly) is still present, it does not carry the oncho virus but creates a nuisance when the communities have been taught to control manually.

In addition, health centres in the programme areas are provided with ivermectin for distribution to the people.

IVORY COAST

Chicken Pox Epidemic Strikes Bouake

92WE0362A Abidjan FRATERNITE MATIN in French 25 Feb 92 p 12

[Article by Tieoule Jean-Pierre: "Over 200 Cases Detected"]

[Text] An epidemic of chicken pox has struck the peaceful city of Bouake like a curse since the month of December, sparing neither children, teenagers, nor adults. The statistics have already recorded over 200 cases.

A total of 61 cases were counted in January at the School Medical Clinic 1 and 123 at Clinic 2. The number of undeclared cases unquestionably exceeds these figures. New cases come into the clinics every day.

Actually, chicken pox is not uncommon. It is a cyclical disease that strikes every year. It is nevertheless difficult to explain this year's epidemic.

The cause must certainly be found in the climate. The wind, cold, heat, and even drinking water all help spread the disease. This is why infected children are kept at home for two weeks on doctor's orders. If improvement is shown in a week, a stricken child may return to school.

A large number of elementary and high schools have been hit. Chicken pox is generally manifested by the following symptoms: fever and headache followed some time later by a rash, itching, and blisters, mainly on the body, face, and scalp.

There is no specific or official treatment because no antibiotic works on the virus. However, penicillin can ward off the danger. Complications can occur, but rarely do.

In addition, modern medical practice would have patients wash carefully to prevent secondary infections and doctors do prescribe medications. To prevent any spread of the disease, patients should be isolated and certain drugs may be taken to strengthen the body's immune system.

MOZAMBIQUE

Inhambane Health Official: Vaccination Campaign 'Excellent'

92WE0339A Maputo NOTICIAS in Portuguese
10 Feb 92 p 1

[Text] The provincial health director in Inhambane, Adalberto Dengo, considers the work carried out last year within the scope of the extended vaccination program to have been excellent, in spite of the fact that the goals initially set were not met. Speaking during the recent Health Coordinating Council, Adalberto Dengo maintained that in 1991, 31,842 BCG [Bacillus Calmette-Guerin] vaccines were given to children younger than one year old, a number that corresponds to 89 percent of the goal set forth in the central state plan and 73 percent of the goal for the target group, which was 35,563 and 43,813 children, respectively.

The fact that the initial goals were not met is due to the war that is devastating the country, and in particular the province of Inhambane. The war has reduced the availability of health assistance to the people and has increased the migratory status of those same people who are looking for physical, mental, and social well-being.

"On the other hand," he went on, "one should still consider the difficulties of communication between the Provincial Health Board and the districts, which have deprogramed the distribution of fuel to the means of transportation that exist there and refrigerators for the conservation of the vaccines, as well as other materials for the accomplishment of the activities of the extended vaccination program."

However, "the health workers have spared no effort in the carrying out of their activities," particularly "those that involve the health of mothers and children, trying to reduce their mortality rate, since they are the two groups that are most vulnerable to disease."

Some Districts Have Surpassed Goal

In spite of the fact that, over all, the goal of BCG vaccines has not been reached, there are some districts that nevertheless have carried out their activities successfully. Here we should point out the districts of Vilankulo, Panda, Inharrime, and the cities of Inhambane and Maxixe. Specifically, the district of Vilankulo gave 2,611 vaccinations compared with an initial plan of 1,452; Panda gave 1,445 compared with 1,386 in the plan; Inharrime gave 2,400 compared with 1,837; Maxixe gave 4,703 compared with 2,200, and the city of Inhambane gave 4,116 compared with an initial plan that called for 1,463 inoculations.

With regard to the anti-measles vaccine, single dose, Adalberto Dengo has announced that 25,621 vaccines have been given to children whose ages range between nine and eleven months, a number that represents 80 percent of the goal set forth in the central State plan, which was set at 29,337 immunizations for last year.

Also in this component, the provincial health director in Inhambane stressed that the districts of Mabote and Panda, as well as the two cities—Inhambane and Maxixe—have surpassed their initial targets, surpassing their goals by 113 percent, 111 percent, 176 percent, and 321 percent, respectively.

"In the triple DPT vaccine, first dose, the goal likewise has not been met, with 30,256 children less than one year old having been vaccinated," Adalberto Dengo stressed, adding that this number corresponds to 97 percent of the initial goal and 75 percent of the goal for the target group.

On the subject of anti-polio vaccinations, first dose, in children less than one year old, Adalberto Dengo revealed that in this component the initial goals have not been met either, with just 30,501 minors having been vaccinated. "In spite of the fact that we have not reached our initial goal, individually there are districts that have surpassed their goals, as is the case in the districts of Govuro, Vilankulo, Jangamo, Panda, Inharrime, Zavala, and the cities of Inhambane and Maxixe," stressed the provincial health director in Inhambane, who then went on to emphasize that in the triple DPT vaccine, third

dose, 25,437 children less than one year old had been immunized, which "corresponds to 102 percent of the province's goal, which was set at giving 24,957 vaccinations."

On the other hand, the third-dose anti-polio vaccinations have also surpassed the goal which was initially set. In fact, in this component, again according to Adalberto Dengo, 25,777 vaccinations have been given, compared to the 24,957 which were planned.

Maputo Province Reports 16 Percent Drop in New TB Cases

MB0903192992 Maputo Radio Mozambique Network in Portuguese 1730 GMT 9 Mar 92

[Text] A health report says that more than 400 cases of tuberculosis were diagnosed in Maputo Province in 1991. The report, which was presented at the 18th Maputo Province Coordinating Council, says that that figure represents a 16 percent drop compared to 1990.

Analysis of the Epidemiological Characteristics of Drug Resistance in *S. Typhi* by Plasmid Finger Printing

54004805B Shanghai SHANGHAI YIKE DAXUE XUEBAO [ACTA ACADEMIAE MEDICINAE SHANGHAI] in Chinese Vol. 19 No. 2 Mar 92 pp 119-123

[Article by Zhao Hongnian [6392 1347 1628], Tang Zhihua [0781 0037 5478], Lu Lijun [7120 4539 0689], Tang Mengguang* [0781 1322 0342], Sun Zhihua* [1327 1807 5478], Gu Enquan* [7357 1835 0356], Department of Microbiology, School of Basic Medical Sciences, *Shanghai Medical University, Shanghai Infectious Diseases Hospital, Shanghai]

[Abstract] During the epidemics of typhoid fever in Shanghai, Zhejiang and Jiangsu province in 1987-1989, a total of 109 strains of resistant *S. typhi* (53 from Shanghai, 23 from Suzhou and Wuxi, 21 from Nanjing) were collected. Antibiotics sensitivity and analysis of plasmid finger-printing were carried out in the 109 strains. More than 88 percent were resistant to chloramphenicol, ampicillin, gentamicin sulfamethoxazole, and furazolidone. Of the 53 strains from Shanghai 5.8 percent were resistant to norfloxacin, 3.9 percent to cefotaxime. Of the 21 strains from Nanjiang 85.7 percent were resistant to these two antibiotics.

One large plasmid of 100×10^6 (million dalton) and four small plasmids of (11.2, 4.47, 2.4, 1.45) $\times 10^6$ were found using agarose gel electrophoresis in 53 strains isolated from Shanghai. Twenty-three strains isolated from Suzhou and Wuxi all contained one large plasmid sized (80, 90, 100) $\times 10^6$ respectively. Twenty strains from Nanjiang contained a 90×10^6 plasmid.

Analysis of endonuclease restriction map of three large plasmids showed that 11 fragments (10, 6.3, 6.1, 4.2, 4.0, 2.8, 2.4, 2.1, 1.5, 1.0) $\times 10^6$ and 1 large fragment) were identified after digestion with Hind III and E. coRI, and 8 fragments (10, 8.9, 6.1, 4.8, 2.1, 1.5, 1.0) $\times 10^6$ and 1 large fragment) identified after digestion with E. coRI and Bam HI. The same fragments were observed after digestion with the above enzymes, indicating a homology among these plasmids.

Study on the Serological Typing of Patients With Epidemic Hemorrhagic Fever (EHF) and Host Animals in Junan County, Shangdong Province

54004805A Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 13 No 2 Apr 92 pp 72-75

[Article by Meng Xiangrui [1322 4382 3843], Yang Zhanqing [2799 0594 3237], et al., Military Medical Research Institute in Jinan]

[Abstract] Using hemagglutination inhibition test (HI), we confirmed that Junan County is an endemic area of both EHF of *R. norvegicus* and *A. agrarius*, which

indicated that the main host animals were *R. norvegicus* and *A. agrarius* in the area. Remarkable difference was shown between the infectious rates of pigs from the endemic area and that of pigs from the nonendemic area, which suggested that pigs could play certain roles in the transmission of EHF. We also proved that the main transmission mode of EHF virus in rats was horizontal transmission, and vertical transmission in rats also existed.

Firm Bids To Produce More Hepatitis B Vaccine

OW1504060192 Beijing XINHUA in English 0524 GMT 15 Apr 92

[Text] Beijing, April 15 (XINHUA)—The China Biological Products Corporation is striving to produce more quality hepatitis B vaccine for children across the country, the overseas edition of the "PEOPLE'S DAILY" [RENMIN RIBAO] reported today.

The Beijing-based national newspaper said China has 120 million carriers of the hepatitis B virus.

The Ministry of Public Health has decided to spread the inoculation against hepatitis B among children starting from this year.

A survey report shows that children are the most at risk from the virus, and about 40 percent of mothers carrying the hepatitis B virus may directly infect their babies.

The hepatitis B vaccine developed in China is safe and effective, according to an official from the biological products corporation.

So far, the corporation has provided 12 million doses of quality vaccines to epidemic prevention departments.

Annual Health Report Shows 'Much Progress'

HK2304072292 Beijing CHINA DAILY in English 23 Apr 92 p 2

[Article by staff reporter Zhu Ling: "Bank Backs Up Housing Reforms"]

[Text] Proportionately more people in the countryside died from illness than did urban dwellers last year, with cancer and respiratory failure as the two biggest killers.

A recent statistical report released by the Ministry of Public Health said the death rate from illness in the vast rural areas is put at 6.29 per thousand, while it is only 5.53 per thousand for urban residents.

Although it is widely believed that city dwellers in China are better paid and have access to convenient medical care, it's not surprising that the great number of people in the countryside are less apt to be killed in traffic accidents.

The annual health report, available this week, said, however, that Chinese urban residents are especially

vulnerable to illness including malignant tumours, cerebral problems, respiratory ailments, heart attacks, injuries and toxicosis, which together last year caused 80.65 percent of the total deaths in cities.

The other deaths were attributed to illness involving the digestive system, internal secretion system, reproductive (genital) system, pulmonary tuberculosis and infant mortality, according to the report.

About 866 of every 100,000 urban infants died at birth, while the infant mortality rate for rural areas stood at 917. Urban women, though possibly less sturdy in physique than their counterparts in the countryside, have better childbirth facilities available.

The report said rural people are hit harder by epidemic infectious diseases such as hepatitis than urban residents.

On the other hand, more rural people, especially males, died of lung cancer last year, and medical experts said habitual smoking was much to blame. Better-educated urban residents are more willing to give up smoking, they said.

The report concluded that China made much progress last year in improving medical treatment conditions in both urban and rural areas. By the end of 1991, hospitals at above the county level increased by 647 to a total of 63,100, which included more than 2,000 hospitals which practise traditional Chinese medical theory.

Hospital beds increased by more than 60,000 to a total of 2.99 million last year, and medical professionals and practitioners rose 118,900 to a total of 5.02 million, of whom half are veteran doctors and experienced nurses, the report said.

Medical conditions also improved for children, as another 34 children's hospitals were set up throughout the country. Also, special clinics for women were increased and technologically renovated, according to the report.

And, with the betterment in their living standards, people paid more visits to hospitals for health checkups. The report said that last year, Chinese hospitals took care of 2.6 billion people; however, the rate in the countryside was much lower.

Plans To Control Hepatitis And Wipe Out Polio

OW2704073392 Beijing XINHUA in English
0648 GMT 27 Apr 92

[Text] Beijing, April 27 (XINHUA)—The Ministry of Public Health is planning to wipe out polio and further control hepatitis B in the coming years.

Vice Minister of Public Health He Jiesheng said that the disease is required to be eliminated in the country by 1995.

The ministry will seek to do this by extending its immunization program to children in 85 percent of Chinese townships.

The ministry is also to expand anti-hepatitis B vaccinations among children this year to effectively curb the spread of liver diseases.

Data shows there are now about 120 million people in China with the hepatitis B virus, one-fourth of whom are expected to develop chronic liver diseases.

A portion of these sufferers were infected from mothers with hepatitis B before they were born.

Control of polio and hepatitis B was one of the hottest topics for this year's national publicity day for the expanded program on immunization last Saturday.

The theme was "eliminate polio, extend vaccination against hepatitis B and protect children's health."

Medical staff from major hospitals, including Beijing Children's Hospital and the Capital Research Institute on Children's Diseases, came out on to the streets to give consultation services and spread the word.

Financing for Vaccine Industry Enhanced

HK1705072492 Beijing CHINA DAILY (BUSINESS WEEKLY) in English 17 May 92 p 4

["Spotlight on" column by Xie Yicheng: "Vaccine Industry: China Battle Killer Diseases"]

[Text] China's vaccine industry is undergoing an unprecedented technological revolution.

A massive infusion of capital from home and abroad is streaming into the vaccine industry, which seeks to free 360 million Chinese children from the threat of infectious diseases through inoculation.

The Ministry of Public Health will invest more than 500 million yuan (\$93 million), including \$60 million worth of World Bank loans and international grants, to build seven vaccine production lines. The mammoth innovation campaign is aimed to guarantee immunizations for all children and to boost China's level of biological sophistication overall.

A Dutch engineering firm named DHV Consultants has won a major piece of the contract to put the programme into trial operation in 1995.

A subcontractor—the National Institute of Public Health and Environmental Protection of the Netherlands—will offer state-of-the-art technology on vaccine manufacturing.

Vaccine quality is supposed to reach the level specified by the World Health Organization (WHO).

The project is believed to be one of the world's largest technical innovation and technology transfer programmes ever involving biological products.

Of the seven production lines, three will be located within the Lanzhou Institute of Biological Products. They hope to achieve an annual output of measles vaccine (MV) of 20 million doses, 1 billion doses of diphtheria, pertussis & tetanus toxoid (DPT) vaccine and 40 million doses of tetanus toxoid vaccine.

Another three production facilities are to be built at the Shanghai Institute with similar capacities. The remaining facility will be erected in Kunming Academy of Medical Science & Biology to produce 100 million doses of oral polio vaccine (OPV) each year.

WHO's expanded programme on immunization has targeted measles, polio, pertussis, diphtheria, tetanus and tuberculosis as the major threat to the health of infants and children.

China is preparing to give anti-epidemic inoculations to more than 85 percent of children in towns and villages by 1995.

The effort is intended to wipe out polio and neonatal tetanus, which are among the major causes of death for children in remote and poor rural areas, by 1995.

China also started speeding up technical innovation in another four biological manufacturing bases in 1988 at a cost of 230 million yuan (\$43 million).

The bases are located within Beijing, Changchun, Chengdu and Wuhan Institutes of Biological Products.

China hopes the completion of the various vaccination projects by 1995 will make its entire vaccination system much more rational nationwide.

By then, it is hoped that every two biological manufacturing bases will shoulder the modern industrialized production burden of a specific kind of vaccine intended to satisfy specific market needs, especially the inoculation needs of 20 million new-born babies each year.

Chinese officials say there is also the possibility China could export vaccine to some developing countries that are still unable to produce vaccine for themselves.

While China has made significant progress in producing some vaccines, the quality of China's vaccine products is not up to standards set by the World Health Organization.

Poor quality has sometimes adversely affected the performance of some of China's vaccines.

In 1989, for instance, 1,000 cases of polio broke out in several provinces such as Jiangsu.

Chinese officials blamed the low quality of vaccines to simple, manual production techniques still in use, obsolete technology and unclean animals used in some experiments.

Survey Shows Students' Health Improves in Past Five Years

*HK1805024992 Beijing CHINA DAILY in English
18 May 92 p 3*

[Article by staff reporter Zhu Baoxia: "Students Today Are Healthier"]

[Text] A recent national survey on students' health found that the general health of Chinese students greatly improved in the past five years.

But it also showed the incidence rates of some common ailments, such as nearsightedness, malnutrition and parasitic illnesses are still high.

Five State departments jointly called for immediate action to further improve the health of Chinese students of all ages.

The nationwide strategy is expected to be implemented through the expansion of physical education and sports training among students and through improved living and studying environments in schools.

The scheme will concentrate on the vast rural areas and the sparsely populated regions.

At a news conference on Saturday in Beijing, officials from the State Education Commission, Ministry of Public Health, State Physical Culture and Sports Commission, State Nationalities Affairs Commission and the State Science and Technology Commission stressed that all local establishments concerned must schedule the health programme into their daily work agenda and give their support "in all aspects."

More cash must be allocated for schools to buy more advanced physical exercise facilities and educational reforms must be broadened to give students more spare time for physical exercises, said Zou Shiyan, Vice-Director of the State Education Commission.

Over 242,000 students aged between 7 and 22 were examined in the course of the investigation, which was jointly conducted by the aforementioned State departments.

Figures indicate that both the height and weight of the students have increased since 1988 and the growth rate was more obvious among minority students than those of the Han nationality.

The incidence of parasitic diseases among urban students has dropped by over 6 percent between 1988 and 1991, and by more than 9 percent for those living in the countryside.

The survey also showed that nearsightedness and dental decay remain the most common illnesses suffered by Chinese students.

Over 70 percent of the 17-year-old urban male students and some 77.7 percent of the female students suffer from shortsightedness.

The rates for rural male and female students of the same age was 51.4 and 60.6 percent respectively.

More than 80 percent of the 7-year-old urban children were found to have dental decay, and the figure for rural pupils was roughly 67 percent.

The rates for students in other age groups are also quite high.

And both the number of students suffering from malnutrition and of those who are overweighted have increased.

The shortage of necessary physical training facilities and the poor environmental sanitation of schools are the major causes of the situation.

Many parents are ignorant about the importance of physical exercises for students and do not help the students establish healthy living habits.

Many schools lay particular stress on intellectual development and ignore physical training and exercises.

CAMBODIA

Tuberculosis Infects People in Banteay Meanchey

BK1705123092 Phnom Penh SPK in French 1111 GMT 17 May 92

[Text] Phnom Penh 17 May (SPK)—According to the chief of the health service in Banteay Meanchey Province, some 300 Km northwest of Phnom Penh, 1,752 persons were infected by tuberculosis in the first quarter of the year, and only 557 were hospitalized.

Tuberculosis is the most urgent problem after malaria in this locality and the number of TB cases detected has double compared with the same period last year.

The province's health workers assisted by the French Red Cross have distributed anti-tuberculosis tablets to the infected who have not been admitted to the hospital.

JAPAN

Rubella Outbreak in Okinawa

OW2003131892 Naha OKINAWA TIMES in Japanese 20 Mar 92 Morning Edition p 35

[Excerpt] Rubella (measles) has been spreading throughout Okinawa since February. At 26 medical facilities in Okinawa, the number of confirmed rubella carriers reached 805 as of 7 March—with 42 in January, 511 in February, and 252 in March. Rubella has spread rapidly, and the number of patients has increased to about 40 times greater than the levels recorded during the same period last year. Because it is possible that the occurrence of the disease in pregnant women can cause disorders in newborns, such as hearing problems, the disease protection division of the prefectural office has been alerting people to the outbreak.

Rubella first broke out in the middle and southern parts of the main island of Okinawa. Now it has spread to most parts of the Okinawa islands, with an exception of Yaeyama island. Some 90 percent of the patients are under the age of 14, and most of them are between the ages of one and seven. Usually, rubella breaks out between spring and early summer. Therefore, if the situation remains unchanged, there is the possibility that rubella will spread further throughout Okinawa. [passage omitted]

LAOS

Outbreak of Measles in Sekong Province

BK0904125292 Vientiane KPL in English 0905 GMT 9 Apr 92

[Text] Vientiane, April 9 [KPL]—Measles recently erupted at Toksanoung village, Lamam District, Sekong

Province. In a quick response, a team of medical personnel of the district public health service was rushed to the scene.

In this connection, only 39 people have been vaccinated against the disease, said Mr. Khamphai Sai-gnavong, chief of the district public health needed of the purpose. [Sentence as received]

He further said that the situation was reported to the provincial administration and authorities concerned.

THAILAND

New Test Procedure for Malaria Described

92WE0376E Bangkok THAI RAT in Thai 29 Feb 92 p 5

[Excerpts] [passage omitted] A recent report from the Ministry of Public Health stated that during the period October 1990 to September 1991, of the 6,793,221 people who had a blood test, 209,866 were found to have malaria. [passage omitted]

In Thailand today, malaria is a serious problem in Trat, Tak, Chanthaburi, Kanchanaburi, Surat Thani, Mae Hong Son, Prachinburi, Nakhon Sithammarat, Prachuap Khiri Khan, and Chumphon Provinces.

There are two main strains of malaria in Thailand. The first is a very serious strain that is often fatal. This is *P. Falciparum*. The second strain, which is less serious, is *P. Vivax*. However, the same person can contract both strains. [passage omitted]

The Ministry of Public Health's policy on controlling malaria stipulates that random samples are to be taken in order to locate at least 80 percent of the villagers who have contracted malaria. The method that is used to test for the presence of malaria is to look for the parasite under a microscope after injecting a dye into the blood of the patient. This way of checking blood samples takes 15-30 minutes per person. Thus, in one day, only 20-40 people can be examined. If there are 1,000 people living in a village, it will take at least 20 days to examine all of them. This makes it impossible to control the spread of this disease.

Besides this, there is something else that needs to be given attention when checking for malaria using a microscope. That is, if there are few parasites, it is impossible to determine for sure which strain of malaria it is. If the wrong medicine is given, this could affect treatment later on. Some people have died because of having been given the wrong medicine.

All of this stems from the research project to find a new way to check for malaria using molecular biological techniques in order to speed up the tests and improve accuracy. The object is to avoid making mistakes when making a diagnosis. The people in charge of this project

are Dr. Sakon Phanyim and Dr. Mathurot Phonglikhitkun of the Department of Biochemistry, Faculty of Science, Mahidol University.

After two years of study, the researchers have managed to develop two methods of checking for malaria. The first is to monitor the genes of the parasite dropped onto special paper and observe the color after the reaction. If spots develop, it shows that parasites are present, with the number depending on the density of the spots.

The second method calls for increasing the number of genes in the test tube so that the parasites can be seen more easily. This requires using a separator that uses electricity.

"The first method takes about a day, but the results are very good. That is, many samples can be studied at the same time. It isn't necessary to examine each person individually, which is what must be done when a microscope is used. However, one disadvantage is that if there are too few parasites, just as when a microscope is used, it will not be possible to identify them," explained Dr. Sakon.

"The second method is better in that the parasites can be examined in detail. The strain can be accurately identified. The disadvantage is that this method requires the use of special equipment, particularly electrical separators. Besides this, it takes two and one half hours to examine just 50 people, which means that only 200 people a day can be examined."

As for the method of increasing the number of parasites in the test tubes and then using an electrical separator, this is a new technology that is being used more and more widely in identifying the AIDS virus and other viruses that cannot be seen with the eye.

"This method can be compared with catching a thief red-handed. This is different from the older method, which can be compared with examining just the footprints left by the thief. This is like looking at the actual virus instead of looking at what is left by the virus," said Dr. Sakon.

However, the researchers admitted that both of these new methods used in identifying malaria are rather complicated in actual practice, and the cost is high when compared with using a microscope.

"We are trying to develop this to the point where costs are comparable, because we know that the use of a microscope can be misleading. Besides this, the new methods save a lot of time. This is a great advantage when we have to examine people living in remote areas. This is faster and more accurate. Mistakes won't be made later on."

Based on the results of these studies and this project, in the next few years, the technology used to examine rural people for malaria should be easy to use, and it should be possible to check people in any area where there are thought to be outbreaks of malaria. People in rural areas

will have a chance to receive medical services comparable to those received by urban dwellers. They have a basic right to receive public health services from the state just like other people.

Dr. Pradit Charoenthaithawi, the rector of Mahidol University, talked about this project. He said that this is a step forward scientifically. The university is supporting its professors in this research in order to help raise the quality of life of the people. [passage omitted]

Humanitarian Assistance Given to 6,500 Burmese

*BK1003033892 Bangkok Radio Thailand Network
in English 0000 GMT 10 Mar 92*

[Text] Around 6,500 people from Myanmar are being treated at the hospitals in Ranong Province bordering Myanmar in the south.

Permanent Secretary for Public Health Uthai Sutsuk says that the ministry has coordinated with health officials in Myanmar to prevent outbreak of diseases along the border. Threatening the area are such diseases as AIDS, malaria, and elephantiasis.

Dr. Uthai says that hospitals and health centers in Ranong have had to waive fees as few people from Myanmar can afford to pay. Consequently, a heavy burden is placed on the hospitals to balance humanitarian aid and to survive on their meager budgets.

The Ministry of Public Health is considering allocating a special budget for Ranong and other border provinces to address these problems and provide more efficient humanitarian aid.

Foundation Selects Universities for Epidemiology Work

*BK1103020592 Bangkok THE NATION in English
11 Mar 92 p A4*

[Text] Thailand has been chosen as the site for international training and research centres for epidemiology by the Rockefeller Foundation, Chulalongkon Hospital has announced.

In a press release, the hospital said the world's largest philanthropic organization had decided to use the faculties of medicine at Chulalongkon, Khon Kaen and Mahidol universities to accommodate the centres.

Associate Prof. Dr. Bantoeng Rachataphiti, dean of Chulalongkon University's Faculty of Medicine, was quoted as saying that the decision was reached during a recent meeting on international clinical epidemiology in Indonesia.

The foundation early this year set up the International Epidemiology Network to improve the efficiency of developing countries' medical schools to enable them to carry out research on clinical epidemiology. [Passage omitted]

VIETNAM

International Organization Gives Aid for Health Center

*BK2103145992 Hanoi VNA in English
1442 GMT 21 Mar 92*

[Text] Hanoi VNA March 21—The Bread for the World (BW) has decided to give the southern province of Hau Giang 33,000 U.S. dollars to set up a community-based healthcare centre there.

The province has received 10,500 U.S. dollars from BW for the construction of the centre, the remainder of the sum will be used to buy equipment and organize training courses during the next three years.

This will be the first community-based healthcare centre set up in the Mekong River delta.

U.S. Company Joins in Pharmaceutical Production

*BK1307063092 Hanoi VNA in English
0524 GMT 13 Jul 92*

[Text] Hanoi VNA July 13—Ampharco of the United States has signed a joint venture contract with the College of Medicine and Pharmacy in Ho Chi Minh City for the production of special medicines.

For a start, Ampharco will contribute 1 million US dollars to import materials and equipment and to upgrade an existing workshop.

The joint venture will start by making 20 kinds of antibiotics and special medicines for treatment of rheumatism and stomach and cardio-vascular diseases.

A monthly production of 5 millions capsules will make it possible to cut cost by a half compared with imports. The joint venture plans to market in August a new kind of antibiotic for urinary diseases.

ALBANIA

Shkoder, Tirana Hospital Conditions Described

92WE0435A Helsinki HELSINGIN SANOMAT
in Finnish 7 Apr 92 p C1

[Article by Jaakko Tahkolahti: "Crowded Conditions in Hospitals Becoming More Unmanageable; People Hope That Election Victors Will Raise Conditions in Albania to European Level"]

[Text] Tirana/Shkoder—"We haven't got anything!"

Albanian hospital directors and personnel unanimously complained before the recent parliamentary elections about the lack of drugs, equipment, and food.

They were hoping for a change in the unfortunate situation, waiting for the victors in the elections to correct the chaotic situation into which the country sank after the collapse of communist control.

The Albanian Democratic Party is now faced with these hopes. Everything has to be started from scratch. It has promised to take care of the problems, raising conditions to the European level with the aid of the United States and the European Community.

With the crumbling of the social system, difficulties in the social welfare sector are coming to a head. This is also true in Albania.

One Warm Room

For days on end in winter the older children were herded into the only warm room in the building in the hospital for retarded children in the northern town of Shkoder.

They huddled together in a corner throughout the days wearing their outdoor clothing. In another corner there was a miserable little heater, the heat from which dissipated into the damp, cold air that came into the room through the broken windows.

The babies were crammed into a bedroom where there were as many as three to a bed. Instead of mattresses, there were thin straw-filled sacks on the sofa beds and the children were tightly wrapped in blankets. There were no diapers for the babies and the rags that were used in their stead might have been washed at intervals of a day or two. There was no hot water in the laundry, nor any soap in the hospital.

In the ascetic kitchen there were three huge, battered, soot-covered pots on a big stove. The food had just been prepared for the children. In one pot there was warm milk, in another rice gruel, and cooked rice in the third. In one corner of the kitchen there was a jumbled pile of twigs and branches for heating the stove.

Thieves in Children's Hospital

"The last time an aid shipment from abroad came into the hospital courtyard by truck, outsiders stripped it

clean before we had time to get it into the safety of the hospital," head nurse Fatime Lopci said. According to reports by some people, hospital personnel too, to be sure, took part in plundering the provisions.

Justina Shkup Hospital in the capital city of Tirana is meant to be a center for the care of undernourished children.

Many of the rooms in the hospital had to be closed down because thieves had broken the windows and they could not get new window panes. The windows were protected with bars.

Nevertheless, thieves got into the hospital. Chief physician Diana Gjylameti showed us holes in the roof over the rooms behind bars. There was a big opening in the roof over the hospital clothes store room. "They fished children's clothes out of the boxes with an iron hook," Gjylameti said and showed us the cardboard boxes piled up on the floor. "Only hospital personnel know where this room is located."

The food store room on the lower floor was locked and the window of the room that opens on the street was walled up. Dr. Kozeta Llogori showed us U.S. food packages for the children in the store room. "The dates before which they must be used have expired. What are we to do?"

There were few drugs and syringes in the physicians' room. The doctors expressed their satisfaction with an English-language work received as aid which deals with the care of undernourished children. They said that the book is of great use to them, even though many of them cannot read it.

The children are located in two rooms that are kept tolerably warm. The doctors spoke about their patients: "These girls are 2-year-olds," Gjylameti said and showed us the children, who appeared to be half a year old and in poor condition, lying immobile in their beds. They did not make faces or speak.

Laundry Washed With Cold Water

The Justina Shkup kitchen and laundry are in the cellar of the hospital, in a damp, cold part of the building. Functioning electric power and water are chancy and there is no hot water at all. Food is warmed up on a wood stove and the laundry is washed with cold water.

No treatment equipment is in evidence in the children's hospitals. In the biggest hospital in Tirana, where acute illness cases and accident victims are treated, they have been operating for months on end in uncertainty as to whether power will continue to be supplied.

The doctors told us about several cases in which power outages right in the middle of operations had endangered the patient's life.

From Doctor to President

Sali Berisha, who was formerly a physician in the hospital and a heart specialist who was part of the treatment team for communist dictator Enver Hoxha, who died in 1985, is now facing his moment of truth.

Headed by Berisha, the Democratic Party scored an overwhelming victory in the Albanian parliamentary elections.

Recently nominated for the presidency of Albania, Berisha has promised that public order will be the first thing to be restored to the country. Then they will begin to lead Albania into a European-style market economy.

In order to ever get that far, Albanians will have to begin to demonstrate their will to work and Berisha will have to get the Western plutocracies to believe that this small country with 3 million inhabitants that is slightly larger than Vaasa Province can get onto its feet and restore itself to financial soundness.

BULGARIA

Minister Bans Production, Trade in Psychotropic Drugs

AU2403195292 Sofia DUMA in Bulgarian
19 Mar 92 p 1

[Report by Katya Karagyaurova]

[Text] Health Minister Nikola Vasilev has issued an order stopping as of 15 March the production, processing, storage and trade of the medicinal agents amphetamine, dexamphetamine, phenethylin [fenetilin], levamphetamine, metamphetamine, metamphetamine racemate, and levometamphetamine. The order relates to the prohibition of psychotropic substances, salts, and preparations based thereon that are covered by the 1971 Convention on Psychotropic Substances.

The order has been issued following a proposal by the National Narcotics Service. We decided that these preparations are harmful to Bulgaria's good name, Master of Pharmacy Aleksandrina Nencheva told DUMA, because Bulgaria has obtained a poor reputation through their unregulated production and export to African countries.

Psychotropic substances produced in Bulgaria under various names, such as "Kaptagon," "Atsetizal-ko," and others that have recently become popular, have been sold at very high prices and it is assumed that high profits were obtained.

Press reports claim that the shady dealings with highly stimulating psychotropic substances continue and that the World Health Organization may expel Bulgaria because of them. As is well-known, however, the military collegium of the Supreme Court recently sent back the "Kaptagon" case because of procedural violations.

The banned psychotropic substances stimulate the nervous system and create narcotic dependency. Under their action the body is stimulated and "turned on," pharmaceutical experts claim, and a person's efficiency and capabilities are increased hundred-fold.

These drugs have no curative effect, Nencheva asserts, and they are produced only for mercantile purposes. In addition, substitutes for them are available from the group of anabolic substances, which may be prescribed for sportsmen, patients recuperating from surgery operation, and so on.

Citizens need not worry about using psychotropic substances that act as depressants, because these can be used without breaking the law.

YUGOSLAVIA

Hospitals Destroyed; Epidemics Predicted

TA1905183192 Ankara TRT Television Network
in Turkish 1700 GMT 19 May 92

[Text] Muhamed Cengic, deputy prime minister of Bosnia- Hercegovina, has said that the Muslims in his country are desperate in the face of Serbian attacks. The visiting minister, addressing a meeting within the framework of the aid campaign for Bosnia- Hercegovina, said that the Serbian gangs are massacring the Muslims. He added that many 500-year-old mosques, hospitals, and schools are being destroyed in this war that has no political justification. Noting that famine is widespread in his country, Cengic said that no foodstuff can be found, especially in regions populated by Muslims. He further added that he feared there would soon be epidemics.

BRAZIL**President Launches National Campaign Against Measles***PY2504140492 Rio de Janeiro Rede Globo Television in Portuguese 2300 GMT 24 Apr 92*

[Address to the nation by President Fernando Collor launching a national campaign against measles; in Brasilia—recorded]

[Excerpts] My friends, I have come here tonight to talk to fathers, mothers, and children about a very serious matter: measles. Contrary to what many people still think, measles is not an unimportant disease that everyone, more or less, gets sooner or later. Cartoons and magazines for children help disseminate the mistaken idea that measles does not amount to much.

This is not the case. Measles is a very serious and highly contagious disease transmitted when one coughs, spits, or even speaks. Measles reduces the body's defenses and can lead to complications such as ear infections, pneumonia, diarrhea, and even more serious disorders. Measles can brand you for life. Just so you will have an idea of the scope of this disease, the Brazilian Health Ministry records 40,000 cases of measles per year. Out of these 40,000 cases, my friends, 1,000 are fatal. Since only the most serious cases of this disease are reported, it is estimated that the actual number of people who contract measles is 20 times greater—that is, 800,000 per year.

This is not just a Brazilian problem. Every year 1 million children die from measles all over the world. Obviously, this is a tragic figure. Just think, 1 million children.

Parents, teachers, tutors, and children: From 25 April to 22 May we shall be carrying out a nationwide campaign against measles. Our target is 50 million children between nine months and 14 years of age. [passage omitted]

This is a national crusade. Over 1.2 million volunteers will be working in this campaign, joining efforts with the government for a common cause. We will reach every corner of Brazil, bringing the vaccine to every farm and village. To accomplish this, we have invested \$50 million, over 200 billion cruzeiros. States and counties have already received approximately 63 million doses of vaccine. We have supplied all kinds of transportation for the vaccination teams, such as helicopters, cars, and even boats. We will reach every corner of the country no matter what the cost. [passage omitted]

CUBA**Testing of Recombinant Streptokinase 'Going Well'***FL2404180092 Havana Radio Rebelde Network in Spanish 1700 GMT 24 Apr 92*

[Text] Clinical testing of Cuban-made recombinant streptokinase in Villa Clara is going very well, in the

opinion of Professor Alberto Toruncha, head of the evaluation program for this medicine which is aimed at destroying the blood clot that causes acute heart attacks.

[Begin Toruncha recording] The product is still being evaluated, but up to now it seems to have the same qualities as the traditional product, which is already well-known. Likewise, it is known that streptokinase, the traditional kind, has been proven to increase the survival rate of patients who have suffered a heart attack, improve ventricular function, and decrease the scope of the attack. So streptokinase is a product, I repeat, that has great advantages for patients who have suffered an acute heart attack. [end recording]

Without doubt, in addition to the human factor, this achievement by Cuban scientists will make it possible for the country to save hard currency, since up to now this medicine has been produced by developed countries at a cost of about \$200 per dose.

New Water Filter Uses All-Cuban Components*FL0405223592 Havana Radio Reloj Network in Spanish 1947 GMT 4 May 92*

[Text] A bacteria-destroying filter to be used for purifying water for industrial use as well as for human consumption is functioning satisfactorily at the Cabanas Naval Base in Havana Province. This type of filter is the first of its kind to be installed for use by the Revolutionary Armed Forces, and specialists from the National Institute of State Reserves [Instituto Nacional de Reserva Estatal] and the Ministry of Public Health [Minsap], among other institutions, participated in constructing and assembling it. A technical report on the quality of the filtered water is expected this month. The epidemiologic group of Artemisa Municipality in Havana Province, working in close coordination with Minsap central organizations, is responsible for this report.

These filters are made entirely of Cuban components such as natural zeolite, elements of asbestos-cement, steel angle bars, and galvanized iron tubes, which together make up a complex way to isolate impurities and bacteria that live in water.

New Cuban Product for Treating Peptic Ulcers Presented*FL0805015692 Havana Radio Rebelde Network in Spanish 2300 GMT 7 May 92*

[Text] The first Spanish-Cuban seminars were held today at the Geriatrics 92 conference with the presence of distinguished figures in this specialty from Spain and Cuba. Dr. Francisco Guillen Llera, president of the Spanish Geriatrics and Gerontology Association, said that this exchange of knowledge is aimed basically at improving the quality of life for the elderly and provides an opportunity for establishing cooperation agreements in this specialty.

On this second day of work, there was a presentation on the first experience in the world in treating peptic ulcers with chitin, involving ulcer patients at the Salvador Allende Hospital. Dr. Gustavo Villason commented on how this new Cuban product was obtained.

[Begin Villason recording] Well, chitin is a derivative of the carapace of crustaceans. It is a natural biological product that a multidisciplinary group, headed by Dr. Ruth Deisi at the University of Havana, has been working on in our country for about 20 years. Many clinical trials have been held with this product, and its tissue-healing properties have been confirmed. It repairs damaged tissues, necrotic tissues. We are gastroenterologists at the Salvador Allende Hospital, and we have brought to this event our experience in treating peptic ulcers with this natural biological product. We can say that we have not seen any kind of side effects in the patients that have been treated with this product. There have been satisfactory or very good results in the remission of the clinical symptomatology of ulcerous conditions, and its high healing capacity has been shown specifically in these ulcer patients. [end recording]

This new natural biological Cuban product will be spread to all the medical services in the country, and a workshop on Cuba's experience with this new Cuban medicine will be held on 28 May.

Hepatitis B Vaccination Plan Extended Nationwide

FL2805153492 Havana Radio Reloj Network in Spanish 1402 GMT 28 May 92

[Text] The prevention of hepatitis B, currently considered the most widespread contagious disease in the world including AIDS, has been achieved in Cuba for the children of mothers who are carriers of the virus. The vaccination plan began two years ago as a pilot program in Pinar del Rio, Havana City, Matanzas, and Santiago de Cuba Provinces and is now being extended throughout the country.

Children whose mothers are carriers of hepatitis B are already being immunized with the first vaccination dose in the maternity wards. The plan is completed with two more doses during the first and second months after birth and a booster shot when the children are one year old.

Another part of the plan is the vaccination of other risk groups: workers connected to nephrology [as heard] services in Cuba; and dialysis, hemodialysis, and especially transplant patients.

ECUADOR

Medical, Technological Agreement Signed With Cuba

PA1305162492 Quito Voz de los Andes in Spanish 2300 GMT 12 May 92

[Text] The Cuban Health Ministry and the Ecuadoran Social Security Institute (IESS) signed a technical cooperation and medical assistance agreement in Quito on 12

May. Cuban Ambassador to Ecuador Faure Chomon Mediavilla and IESS General Director Joaquin Viteri signed the document.

Viteri said the agreement will benefit all Social Security members, and in special cases, the IESS will pay for transportation and other expenses when patients are transferred to Cuba to receive medical attention. He added Ecuador will import medicines from Cuba to satisfy local demands.

Here is Cuban Ambassador Faure Chomon Mediavilla during the signing of the technical cooperation and medical assistance agreement between the two countries:

[Begin Chomon recording, broadcast in progress]...its development and compliance, for the reasons mentioned by the minister. For our part, we will work together with you in Ecuador in that direction. Thank you. [applause]

We will now hear IESS General Director Joaquin Viteri:

[Begin Viteri recording] National directors, government officials, journalists:

As IESS representative, I believe the signing of this agreement is very important. After learning about the advancements in the technological, scientific, and research fields achieved by health centers in the Republic of Cuba, we are sure IESS members will receive the medical attention they need. In addition, this agreement represents an important mechanism, not only because of the high technological level of the medical attention we are receiving from Cuba, but because of the scientific and technological advancement transferred to our country through the training of our professionals and doctors. This agreement will make it possible for Ecuadoran medical personnel trained through this agreement, to obtain a high level of professionalism. [end recording]

The agreement will last five years and can be renewed for the same period by tacit acceptance, unless either side notifies the other six months prior to its expiration date.

NICARAGUA

Cuban Delegation Announces Trade 'Could' Resume

PA0205192692 Managua BARRICADA in Spanish 1 May 92 p 7

[Text] Members of a Cuban medical delegation, who for several months will render assistance to the homeless resulting from the Cerro Negro volcano, announced to BARRICADA on 30 April that Nicaragua and Cuba could renew trade in June, and that both countries may sign cooperation and exchange agreements worth approximately \$6 million.

The delegation, headed by Cuban Health Vice Minister Jorge Antelo, on 30 April accompanied Nicaraguan

Health Minister Ernesto Salmeron on a reconnaissance flight over the area affected by the recent volcanic eruption.

In view of the amazing spectacle offered by the craters of the Cerro Negro, San Cristobal, Momotombo, and Apoyeque volcanoes; Vicente Muniz, counselor of the Cuban Embassy in Managua, explained that a technical commission will arrive in Nicaragua in May to prepare the terms of the agreement.

Muniz gave assurances that the draft agreement could be ready for signing by the end of June. This would renew trade cooperation between both countries after a suspension of more than a year.

Roberto Rivas, representative of Cuba's Foreign Trade Ministry, explained that what has been planned is the exchange of medical supplies, medicine, and specialized personnel from Cuba for Nicaraguan agriculture and cattle products.

Medicuba Vice President Julian Gutierrez and a member of the delegation, expressed the hope the agreements will be renewed "because no formal delivery of Cuban medicines are being made to Nicaragua at present."

The officials estimate the agreement could reach \$5 million a year, "although Minister Salmeron told us \$6 million," Muniz said.

The medical mission, requested weeks ago by Salmeron during a trip to Cuba, will arrive in Leon to start work for two months. The medical team comprises specialists in ophthalmology, pediatrics, and epidemiology.

The Cuban Government delegation returns to Havana this afternoon after the mission is formally installed.

VENEZUELA

Caracas Hospitals in 'Critical' Condition

92WE0366B Caracas EL UNIVERSAL in Spanish
Section 1, 17 Mar 92 p 24

[Article by Victor Hugo Majano: "Caracas Hospitals Have No Alcohol, and Operating Rooms Lack Lighting"]

[Text] The majority of the government centers providing health care in the Federal District are lacking such basic medical aids as fluids for treating dehydration, medicines for asthmatic patients, and blood plasma.

In four of the hospitals there is no X-ray equipment, or the existing machines are operational only half the time. In two of the hospitals, the electrocardiograph machines do not work, and in the maternity unit, the operating-room lights have ceased to function.

All of the hospitals in Caracas run by the government of the Federal District lack the basic emergency medicines

and their basic equipment is broken or functional only part of the time. This was what ministerial inspectors found during investigations carried out at the beginning of the year in these health aid centers.

The report drafted by the Office of the Attorney General said that the eight government hospitals in the Federal District are in such deplorable condition "that they must be reclassified 'critical,'" because the medical care they provide "depends mainly on luck and the dedication of the medical and paramedical personnel employed there to offset the lack of medical equipment, allocations of medicines and apparatus, and, in a word, all of those resources that would make possible medical care consistent with the requirements of a population that expects to be cured, but is instead seeing its right to health increasingly circumscribed."

For these reasons, the Office of the Attorney General has decided to ask the Second Superior Court for Civil and Administrative Litigation in the capital region for a constitutional guarantee to protect the right to health, as provided in Article 76 of the Constitution.

Glucose, Alcohol Lacking

The report of the Office of the Attorney General describes the situation found in the J.M. de Los Rios, Risquez, Rafael Medina Jimenez (Pariata Peripheral), Jesus Yerena (Lidice), Leopoldo Manrique (Coche Peripheral), Ricardo Baquero Gonzalez (Coche Peripheral), Vargas, and Concepcion Palacios Maternity Hospitals.

With regard to the stocks of medicines, the inspectors noted that the pharmacy at the J.M. de Los Rios Children's Hospital has very limited resources. "There is not even any alcohol," and the stock of glucose (essential for treating gastroenteritis and cholera, and simply rehydrating patients) is very low.

The situation is similar at the Lidice Hospital, where "the pharmacy has absolutely no supply of certain medical aids, including blood plasma (needed to save the lives of patients suffering from trauma, injuries, or burns)."

At the Coche Peripheral Hospital, the inspection revealed that "the equipment and medicines available are inadequate, and there is no glucose...."

At the Catia Hospital, a shortage of basic medicines for asthma, the reason for which a high percentage of the patients are admitted, was found.

No Lighting, No Thermometers

The lack of alcohol is not the only anomaly the inspectors found at the hospitals in Caracas. They also found that at the Concepcion Palacios Maternity Hospital, "the lights in the operating rooms do not function, and the electrical system in general has such serious shortcomings that short circuits are to be feared."

At the same maternity facility, "the dialysis equipment is dilapidated," so that pregnant women suffering from renal diseases that require dialysis are in serious danger. "The X-ray equipment is still out of order. The autoclaves as well are still inoperative."

At the Riskey Hospital, the electrocardiograph machines (basic equipment) in the cardiology unit are unusable. "In the X-ray unit, there are three machines, of which two have never functioned, while the only one that is operational only works half of the time."

There is a similar lack of X-ray equipment at the Pariata Hospital, where the machines simply do not work. In Lidice, there are two machines, but one has broken down and the other is only operative intermittently because it has to be disconnected when it overheats.

Cardiac patients at the Catia Hospital are in a serious situation, because the electrocardiogram equipment is not operational.

Perhaps one of the most convincing items that proves the seriousness of the problem is the report on the Coche Hospital, where there are no thermometers to be found in the pediatrics department.

Solutions Proposed

The report submitted by the Office of the Attorney General to the court with the petition for a constitutional guarantee argues that this institution was conceived as the defender "par excellence of constitutional rights and

legality, for which reason its intervention is justified when these interests are involved." In this way, it challenges the claims of the government, which is alleging that the Office of the Attorney General has "no personal, legitimate, and direct interest such as is required of private individuals" who petition for constitutional guarantees.

The Office of the Attorney General is also asking the court to order the government of the Federal District to address itself immediately, on a priority basis, to a study of the hospital problem, with a view to finding effective solutions to the situations revealed during the inspections.

It is also asking for the appointment of an interdisciplinary council made up of five individuals—representatives of the Academy of Medicine, the Medical Federation, the School of Medicine at the UCV [Central University of Venezuela], the medical associations at the local hospitals, and the government of Caracas. The council would have the responsibility of evaluating the situation at the medical care centers and formulating pertinent recommendations.

Similarly, the needs of each hospital are being set forth in detail, with the request that the court order the government to meet each one of them.

It is also proposed that the metropolitan police be asked to collaborate by assigning personnel to permanent guard duty at the hospitals in order to protect persons and property.

REGIONAL AFFAIRS

Arab Pharmaceutical Market Proposed*92WE0444A Casablanca MAROC SOIR in French
14 Apr 92 p 2*

[Text] The Executive Bureau of the Union of Arab Pharmacists has developed a new system of cooperation among the Arab countries in the pharmaceutical field, following its recent meeting. The purpose of the new system is to set up an Arab pharmaceutical market and move progressively toward independence of the foreign pharmaceutical market.

Also envisaged is the establishment of an Arab company for the sale of pharmaceuticals, to be sponsored by the Union of Arab Pharmacists. Furthermore, a catalogue will be prepared in which Arab pharmaceutical specialists and points of contact are listed. This guide will make it possible for the Arab countries to benefit from their mutual experience and to reduce referrals to foreign competitors. It was also agreed to allow Arab pharmacists to practice their profession in all Arab countries, taking into consideration the equivalency of diplomas issued by these countries.

Furthermore, the bureau decided to set up inoculation campaigns against infectious illnesses for children in all Arab countries and to fight against the phenomenon of drug addiction.

It should be noted that Arab Pharmacists' Day will be held on 1 April in Cairo, which delegations of pharmacists from all Arab countries will attend. At the meeting a health campaign in the Arab countries will be organized, and a fund to finance it will be set up.

ARMENIAN AFFAIRS

Railway Blockade May Leave Yerevan Without Drinking Water*LD1905084192 Moscow ITAR-TASS in English
0652 GMT 19 May 92*

[Article by ARMENPRESS correspondent Loris Gukasyan for TASS]

[Text] Yerevan May 19 TASS—The capital of Armenia may remain without drinking water if railway blockade of the republic is not lifted, according to the chief engineer of the urban water distribution network.

Water in Yerevan will become dangerous to health because of a lack of chlorine which used to arrive from the Russian city of Volgograd by rail, Albert Kazhoyan said here late on Monday.

Armenia has to think about producing chlorine by itself, the chief engineer stated, adding additional allocations are necessary to repair the worn-out water distribution grid.

At present the population of Yerevan is provided with only 60 percent of the necessary amount of drinking water and the deficit will increase until adequate measures are taken, Kazhoyan said.

PALESTINIAN AFFAIRS

West Bank, Gaza Health, Environmental Problems*92WN0349E Nicosia FILASTIN AL-THAWRAH
in Arabic 1 Mar 92 pp 10-11*

[Text] Before the Palestinian delegation [to the peace talks] left for Washington last week, the occupation authorities summoned Dr. Ahmad al-Yaziji, detained him for some time, and questioned him about the lecture he delivered at the UN seminar held in Nicosia 20-24 January. The following is text of the lecture:

As is known to everybody, the Gaza Strip is that narrow coastal strip that is no more than 45 km long, 6-8 km wide, and has a total area of 360 square km.

More than 750,000 people live in this small area of land. The Gaza Strip does not have an accurate population census, due to deliberate action by the occupation authorities.

Population density in the Gaza Strip is the highest in the world, with 1,800 persons per square kilometer. This would be much higher if we take into consideration the fact that 30 percent of the Gaza Strip's area is taken up by settlements, whose known total is 16; and areas occupied for security purposes. With the high population growth, which is about 4 percent, the Gaza Strip's inhabitants will reach more than 1 million during the coming decade, which would further aggravate the population problem, with the rate of settlement building continuing as it is now.

Demographic problems, coupled with poor economic conditions and unemployment, have led to a serious health situation and to innumerable health problems. The number of visitors to clinics is more than 8,000 patients a day, for whom no acceptable minimum health services are available, due to the large crowds to be attended to by doctors, in addition to shortage in diagnostic capabilities, medicines, etc.

This introduction is necessary in order to perceive the extent of the health problems from which citizens in the Gaza Strip are suffering.

Any place in the world with such a high population density, psychological pressures, economic situation, and lack of environmental services because of indifference and neglect of the health situation by the authorities, can only lead to an extremely grave health situation.

The following are examples:

Water:

The acute water shortage in several areas of the Gaza Strip and the increase in salinity and organic and chemical deposits has rendered many wells unsuitable for human consumption. Yet the inhabitants continue to use such water because of refusal to allow drilling of alternative wells. This is a means of pressure by the Israeli occupier aimed at forcing the inhabitants to use the water supplied by the Israeli company "Meqarot", which exploits the underground water of the Gaza Strip itself in order to obtain this water. Often this water is diverted from the Gaza Strip to the interior of Israel, which further exacerbates the water problem.

Sewage:

Sewage disposal is the biggest problem of all. The present situation is indescribably bad. It is inconceivable and unacceptable, as we are on the threshold of the 21st century, that sewage disposal could be in the state described below:

1. Some 90 percent of the Gaza Strip's residential areas lack public sewage systems. Even those areas that have old and eroded sewage systems [sometimes] explode, causing the sewage to spill everywhere. The system's junction points and basins are very close, indeed in the midst of, residential areas. Sewage reservoirs are not treated with modern methods, thus becoming a source of health risks, insect breeding, and contamination of subterranean waters.
2. Areas outside the refugee camps depend on absorption wells for sewage disposal. The soil around these wells has become saturated and therefore useless, thus causing the sewage to overflow onto the streets and making the residential areas look as if they are swimming in pools of sewage.
3. The problem outside the camps is even more widespread and more serious, since sewage water is disposed of through open gutters that terminate at the sea shore. Children swim and play close to the mouths of these drainage terminals, which poses a serious health hazard for them. The occupation authorities and the municipalities, whose budgets are controlled by the internal affairs directorate under the occupation authorities, do nothing to resolve these problems.

Refuse:

Refuse is not collected on regular basis and is left to accumulate in residential areas, around houses, and in squares, thus creating endless health problems.

Environmental pollution:

The poor economic situation and the inhabitants' desire to earn a living and to progress and develop has led to the introduction of several primitive industries that generate pollutants. For this reason, these industries have been banned in Israel and were brought to the occupied territories, especially into the Gaza Strip. These primitive workshops have been established in the midst of residential areas, because of the nonexistence of industrial zones outside the towns and villages. It is also because such areas are occupied by settlements and by military zones that are off-limits. The same thing can also be said about bringing in old vehicles that pollute the air, and the pollution is aided by the lack of trees. This is also due to the expansion of the urban areas at the expense of agricultural lands for the reasons just mentioned, namely the high population density and the seizure of land by the occupation authorities.

Now after this review of environmental problems, we move to health problems in general. The Gaza Strip suffers from many contemporary diseases, such as blood pressure, diabetes, and blood diseases because of psychological and social pressures. It also suffers from contagious diseases.

It is true that pursuing the policy of immunization recommended by WHO has led to reducing some diseases, such as polio and measles, but on the other hand, various diarrheal diseases, bronchitis, tetanus, and various skin diseases still exist widely. This is in addition to various types of parasitic diseases. Research has shown that about 80 percent of the children are infected by one or more types of worm diseases. Research on gum and teeth problems has underlined the seriousness of the situation, since not a single schoolchild among those tested was free of gum and dental diseases.

The rate of anemia among pre-school children has reached 70 percent, and among pregnant women more than 60 percent. Malnutrition of various degrees is spreading among children under five years old, reaching about 50 percent. Asthma cases are increasing in number and in gravity due to the Israeli army's excessive use of tear gas in residential areas, and often inside closed houses.

What type of medical services are being provided to the inhabitants? Government medical services, the UNRWA [UN Relief and Works Agency for Palestinian Refugees], and private medicine.

We will concentrate on government health services since, in actual fact, they are responsible for the citizens' health in the occupied territories and they are fully responsible for that. Health services are divided into the Hospitals Branch and the Public Health Branch.

Government hospitals

Hospital Name	Number of Beds	Number of Doctors	Nursing Staff
Dar al-Shifa'	450	137	280
Nasir	213	67	135
al-Nasr Children's Hospital	135	39	56
al-'Uyun Hospital	35	8	13
Psychiatric	37	4	15
Total	870	255	499

A first glance at this statistic would show that there is one bed for every 862 people, one doctor for every 3,000 people, and one nurse for every 1,500 people. But if, for example, we take the number of children's beds (135) and know that 50 percent of the population is under 15 years old, then it would show that there is one bed for every 3,000 persons, one doctor for every 1,000 persons, and about one nurse for every 7,000 persons.

With regard to work efficiency, we would make the following observations: Care inside hospitals is unsatisfactory, since the occupation authorities are not interested in the existence of real care as much as they are interested in pretending that there is care. Half of the jobs have been cut and budgets are very limited. None of the Arab staff know the real amount of the budget or has anything to do with its distribution. Therefore, many patients are forced to buy medicines from outside at their own expense. Medical insurance is exhausting for a public that does not have the material means of continuing it. Medical insurance is based on age and not real income. A family needs more than one medical insurance [policy], which is beyond its means.

The Gaza Strip's hospitals lack many vital specializations and modern diagnostic methods, which requires them to constantly send patients to Israel, at the expense of the health budget in Gaza. The budget is subject to cuts and auditing. The Israeli official's approval is required in every case, and non-medical considerations often interfere with the process of financing a patient. Hospital equipment is purchased by the occupation authorities and with their knowledge, without real participation by the Palestinian officials, which would make the selection and priorities unsuitable. There is an acute shortage of beds in many sections. The rate of children's bed occupancy, for example, is more than one patient per bed, while in specialized sections such as plastic surgery, urinary diseases, children [as published], and others, there are no more than two or three beds.

Building and equipment maintenance is not available, due to financial and bureaucratic reasons, thereby exposing them to damage. This is due to the authorities' orders to cut expenditures. Repeated army attacks against hospitals and medical units and the arrest of patients have caused the public to lose confidence in the integrity of medical services and force them to resort to other facilities that may not be as efficient.

The occupation authorities have sowed the seeds of dissension among the medical staff and the auxiliary nursing and administrative services, thus dividing the leadership. There is no prudent central leadership to manage the affairs according to work needs. Nursing goes in one direction and doctors go in another. Coordination between the various groups is nonexistent because of deliberate action by the occupation's health authority.

[Boxed item]

UNRWA Bulletin No. 247 of 18 January 1992 spoke about Gaza inhabitants' favorable reaction to the EC decision to contribute to the new Gaza hospital that UNRWA will build.

The bulletin quoted a statement by eight major institutions in Gaza, the text of which follows:

"The national and humanitarian institutions in the Gaza Strip have officially learned that the EC has donated \$16.7 million as a contribution to build a hospital in Gaza under UNRWA administration.

"This contribution will serve all the Gaza Strip's inhabitants. We wish here to express our deep thanks and appreciation to the EC, and hope that positive participation in helping the sons of the Gaza Strip in the fields of social and economic development services will continue. We also hope that UNRWA will begin to implement this vital and important project as soon as possible."

Signatories: The Middle East Council of Churches (Refugee Relief), Palestinian Women's Union, the Central Blood Bank, the Red Crescent Association in Gaza Strip, the Arab Medical Association, the Palestinian Chamber of Commerce, the Engineers' Association in Gaza, and the Young Men's Christian Association in Gaza.

Public health:

The second part of government health services is that which is responsible for outpatient care and a healthy environment.

There are 27 public clinics that are located in various parts of the Gaza Strip. They are staffed by 68 physicians, eight dentists, and 165 nurses. This is at the rate of 10,000 citizens for every physician and about 5,000 for every nurse. This is half the amount of health services provided for Palestinians inside Israel, in Galilee for

example. This is not to compare them with services available to the Jewish population.

Because of severe crowding, a patient does not receive adequate care, since a doctor examines no less than 100 patients daily. These clinics lack diagnostic resources, such as laboratories and equipment. Most of these clinics are clinics only in name, because they consist only of a very limited number of rooms, and the buildings need to be pulled down and rebuilt, not just repaired. Both the public and the workers suffer because of the poor conditions in summer. Many primary care programs are nonexistent. Some examples:

- No school health care, except for some immunization at the beginning of every year;
- No programs or teams for health education or social care;
- No programs for caring for the old and chronically ill people; Medicines for chronic illnesses are subject to unfair health insurance, not to mention sporadic availability of medicines.
- No programs for psychological health or programs concerned with development and growth, and there is no follow-up home care for sick children and elderly people;
- No programs for rehabilitation and nutrition;
- Programs for environmental health are almost nonexistent;
- The unavailability of laboratories for food inspection and no control over food products; The number of health inspectors and workers in this branch is very limited. There are no auxiliary means of transport and equipment for pollution detection.

ALGERIA

Difficulties Procuring Drugs Detailed

92WE0417A Algiers ALGER REPUBLICAIN in French
8 Apr 92 p 3

[Article by H. Soltani and A. Aicha: "Between High Prices and Scarcity"]

[Text] A tour of Algiers' pharmacies has allowed us to confirm an already bitter observation concerning the drug market. Individuals polled unanimously agree that they have enormous difficulty obtaining medicine.

During this period when frequent climate changes result in colds, the flu, bronchitis, and so on, patients are surprised to see the price of certain pharmaceutical products soar, and others are upset when they cannot find the drugs they need.

In a pharmacy on Rue Didouche Mourad, Omar says the price spiral that has hit the drug market is unacceptable. He says that in a two-week period, he spent 800 dinars on medicine for his bronchitis. Another individual with whom we talked was an old woman who showed us a package of medicine, Maxilase in tablet form, as an

example of a drug whose price had tripled in a month's time. In addition to the high cost of the products, some are not to be found on the market. This is what we were told by Tahar, who emphasized the scarcity of certain medicines and said he had been looking for Actifed syrup for a week. Khaled said he was unable to find Aberel in a salve at a dozen Algiers pharmacies. Actually, several types of medicine such as those for the flu, colds, and so on, to name but a few, are not on the market. Ali, who manages a privately owned pharmacy on Rue Ben M'Hidi, explains that the lack of pharmaceutical products is not only due to our country's foreign exchange shortage, but is also connected with a problem of organizing imports. Ali added that "those in charge buy very specific quotas of medicines at certain periods instead of diversifying throughout the year. This explains why the availability of certain products overlaps."

Some citizens called our attention to certain medicines sold without tax labels. One pharmacist on Rue Hassiba Ben-Bouali told us that it is Enapharm [expansion not given] that distributes them without labels. Abdelkader, the father of four children, wonders: "Is it the price of medicine that poses the problem, the workers' low wages, or the Social Security system that is defective?"

Fatigue and Despair

"It is a matter of giving up recovering in order to halt the suffering, but also of suffering morally in order finally to be cured of our illness," said a woman whose look expressed both fatigue and despair.

"What do we have to do to get out of this nightmare? Prayers are no longer enough," said another with a pale face and trembling hands.

Where is the solution to be found when our medicine is sick? No longer is the cause the lack of doctors, but something even more serious: the lack of drugs and medical equipment. Who can replace these little things with the miraculous effects? Do we not risk going backward to archaic methods?

A female gynecologist and obstetrician told the following story: "We had to massage one woman's uterus all night long to stop the hemorrhaging. There is a drug that would have stopped it in no time, but we could not find it."

After pausing to reflect, she added: "When medically unqualified individuals are in charge of the hospitals, it is to be expected that everything would deteriorate."

Who is to blame? Who is responsible for the shortage and also for the continuing inflation of prices? In a matter of months, the price of medicine has doubled or even tripled. "Where are we headed?" the sick want to know. One woman in her 60's said in a husky voice: "I prefer to keep my money for food and take care of myself at home using my grandmother's remedies."

Will herb teas replace the famous aspirin? One female pediatrician told us in confidence: "When the hospital

has no more money to buy drugs from Enapharm, the parents do so and are reimbursed by the hospital later."

After a brief pause, she adds: "There are even parents who are lucky enough to be reimbursed by Social Security and to whom we give prescriptions so that they may buy the products abroad."

While awaiting better days, our sick people entrust their health to doctors who muster all their skills to cure them with the means they have at hand.

Findings of National Health Survey

92WE0417B Algiers ALGER REPUBLICAIN in French
12 Apr 92 p 5

[Article by Dr. Rachid Saadoun: "The Health of Algerians"]

[Text] The initial results of the national health poll conducted by the National Institute of Public Health (INSP) are now being made public and are rousing great interest in the sectors concerned. Until the final results are available, it will be up to the authors to provide detailed comments. However, it is important to underline the importance of the work, its implications, and especially the importance of its underlying purpose in terms of public health in general.

The objective set was to obtain the most precise picture possible of the state of health of the population, a kind of photograph, an instant view of the major health problems affecting the different population groups (men and women, children, and adults) and the needs they imply in terms of the utilization of health services and structures. What proportion of Algerians seek some form of health service at least once a year? For what symptoms or illnesses? What are the main reasons for hospitalization? What is the nature and frequency of the different chronic diseases (diabetes, cardiovascular disease, and so on)?

Vast Undertaking

It was essential to conduct a poll, to survey a sampling of the population reflecting all characteristics of society, a "scale model" of the Algerian population. It was therefore necessary to train teams of pollsters, design the instruments to be used by the poll (questionnaires and so on), and organize all the logistics needed to reach all government agencies and directorates in the country.

A total of 12,000 families talked with teams of pollsters who crisscrossed the national territory in 1990. While the poll itself took but a year, it was in fact preceded by long years of preparation. A great deal of time will also be needed to analyze all data gathered.

Civilizational Maladies

While it is not possible at this stage in the study to make detailed comments, we must nevertheless bring out one of the major points revealed by the broad survey. The

so-called diseases of "civilization," meaning those that appear in industrial and urbanized societies or those evolving in that direction, now occupy an equally important place or are even beginning to supplant diseases traditionally linked to underdevelopment. By way of example and in order of decreasing importance, the three main causes of hospitalization are digestive diseases, respiratory diseases, and finally, trauma. Such diseases are the price to be paid when one moves from a predominantly rural to a predominantly urban society: the stress of big urban areas, industrial pollution, accidents on the job, traffic accidents, and so on. Among the main causes for hospitalization, the former are followed by infectious diseases, accidents, and complications resulting from pregnancy, complications generally linked to inadequate drinking water systems, a lack of hygiene, and too many pregnancies among women of reproductive age. Concerning the latter, one should note that the poll confirmed the scope of the demographic problem since the average family size remains about seven (down from what it was a few decades ago, but still sufficiently high to be a matter of concern in terms of the country's resources). This unavoidable problem cannot continue to be handled at the whim of sociopolitical circumstances, but that is not the main purpose of this article.

Importance of Survey

Let us therefore confine ourselves to pointing up the pertinence, quality, and interest of an undertaking whose results are of interest not only to sectors directly linked with health, but also—let us not doubt it—to sociologists, economists, and other researchers.

Let us also emphasize the importance of a project which, in this field as in others, aims to avoid improvisation and endeavor to know Algerian society today, following 30 years of accelerated development, so as to provide an objective and scientific basis for future decisions on the selection of priority investments and the drafting of plans and programs for training, infrastructure, and so on.

In an effort to attract attention, the press and media tend to headline the "technological promises" of medicine and its most spectacular achievements.

And yet, it is work such as the project described in the field of epidemiological research that will determine the rational use of resources and ensure that credits will be allocated based on the people's most urgent health needs. Only such objective data will provide the answers to such essential questions as: Priority should be given to which imported drugs? Which areas of specialized medicine should be primarily encouraged? What kind of health structures should be set up and based on what geographic distribution?

It is to be hoped that these initial results will provide an opportunity to restore credit to an institute (INSP) and to one branch of medical research, epidemiology, whose value has long been underestimated.

Staff, Services at New Hospital Reported

92WE0445A Algiers EL WATAN in French
28 Apr 92 p 5

[Article by Amine Bouali: "New Hospital in Ghazaouet"; first paragraph is EL WATAN introduction]

[Text] Tlemcen—Ghazaouet is a coastal city 75 km Northwest of Tlemcen. Before the new hospital was officially opened a few months ago, emergency medical and surgical cases were sent to the Central Hospital in Tlemcen. A doctor from the new hospital stated: "Sick people can be taken care of in Ghazaouet at present, at least as far as our facilities are concerned."

In the province of Tlemcen there are three hospitals with 240 beds each in Ghazaouet, Sebdou, and Maghnia, in addition to the Central Hospital in Tlemcen.

The new hospitals have the same facilities: 60 beds for the surgical ward, 60 for internal medicine, 60 for gynecology and obstetrics, and 60 for pediatrics. The new hospitals should make it possible to relieve the pressure on the Central Hospital in Tlemcen and further "democratize" hospital care available in medium sized cities.

There are seven doctors to handle the different services in the new hospital at Ghazaouet. According to the chief of the gynecological service, "apart from shortages that affect the health sector as a whole, the equipment in the new hospital is available 95 percent of the time. Two operating rooms are functioning, and a third operating room will soon be operational. About 2.3 million Algerian dinars were recently allocated by the health administration for the acquisition of equipment not yet on hand. There is a shortage of paramedical personnel, particularly in the area of anesthesiology and resuscitation. There are only two anesthesiologists, one of whom is still in 'practice training.' This is not good enough, and it has an impact on the treatment of emergency cases."

He said that since the surgical team "does not live in Ghazaouet and cannot guarantee care 24 hours a day," emergency services are not available at night. At present such cases are sent to the hospital in Tlemcen.

Lack of Drugs, Pharmaceutical Products 'Persists'

92WE0468A Algiers ALGER REPUBLICAIN in French
1-2 May 92 p 3

[Article by H. Saidani: "Medicines: the Problem Persists!"]

[Text] In the world of medicine not everything seems to be going well. Things do not seem to be going like clockwork. Disputes still go on between the organization with a de facto monopoly on the distribution of medicines, on the one hand, and medical dispensaries, on the other hand. Why is there a shortage of medicine and pharmaceutical products affecting practically all of the eastern part of the country?

Should ENCOPHARM [National Pharmaceutical Enterprise] continue to be both a wholesaler and retailer? Does this institution have the right to sell medicines to the people that are past their expiration date?

Does it have the right to discriminate for the benefit of its agencies and certain, privileged persons?

Those are the questions that pharmacists whom we have met are asking themselves and who, like sick people, seem to be conducting a debate about certain, difficult problems which have arisen since 1991 in particular.

Some persons holding diplomas in pharmacy and trained in Algerian universities are especially concerned about being unemployed!

As you will have guessed, the reaction to the Telethon 92 program indicates the concern felt in Algerian society about existing problems in the public health sector. Often these problems reappear as social and cultural phenomena.

Investing in pharmaceutical services is not at all a prospect which, because of the time involved, still attracts many people in the profession.

In fact, young people holding diplomas in pharmacy would rather turn their backs on the dream that they have had since they were in the lycee and get a civil service job, which, in fact, is difficult to obtain, while they wait for a better situation to develop.

Others have accepted jobs in private industry for nothing more than the salary of a senior technician! The reasons for this situation are the shortages of medicine on the one hand and excessively high rents on the other.

Nevertheless, the situation seems to be more complicated for women, considering, among other things, the impossibility for them to travel often and to negotiate with tough "suppliers." I would mention here the case of a married woman whose husband does not approve of her travelling often. There are also the cases of two young women pharmacists who decided to look for a job in the government administration!

For those who are behind a desk in their dispensary, not everything goes smoothly. They say: "Since 1990 pharmacists have been going through a difficult situation." A report sent to responsible officials in the central government states: "There is an enormous number of problems in the social and professional area and in obtaining medical supplies." The shortage of medicine seems to affect a large number of medicines, chemical products, accessories, laboratory reactive agents, and material for bandaging the sick. This situation often forces a sick person to go from city to city to obtain the product on which his survival depends.

Regarding the shortage of medicines, we should also add the existence of discrimination between ENCOPHARM and private companies, on the one hand, and among private companies, on the other hand. A pharmacist in

Batna gave us the example of a colleague in the provinces who reportedly made a profit on a single package with an invoiced value of two million Algerian dinars. (The total charges for other packages were, on the average, 150,000 Algerian dinars each.)

Documents made available to us show that medical supplies available in 1990 and 1991 were extremely limited. Based on the invoices, it appears that 60 percent of the items ordered in 1990 have not been delivered! It has also been reported that the time for obtaining supplies is too long, and therefore it is impossible to have medicine available quickly. Finally, ENCOPHARM reportedly suspended its deliveries to dispensaries as of 5 June 1991, using the pretext that this company no longer has a monopoly on the importation of medicines and the distribution of pharmaceutical products and that it only has enough for its agencies. This suspension of deliveries has been interpreted as a thinly disguised refusal to provide service to dispensaries, particularly as the system of ordering medicine out of regular hours was eliminated, purely and simply.

A pharmacist in Batna also raised the problem of the illicit practice of the profession of pharmacist. Pharmacies which are not managed by qualified pharmacists were to be closed on 30 October 1991, he stated. However, nothing has been heard until now regarding this subject.

The same pharmacist added that this situation, caused by a shortage of persons holding diplomas as pharmacists at a certain time in the history of the country, no longer has any reason for existing in 1991. In fact, Article 188 of Law No. 85-05 of 16 February 1985 states that all retail distribution units of pharmaceutical products are required to be under the supervision of a qualified pharmacist.

The actual availability of pharmacists holding diplomas in the job market makes it possible to respect the legal provisions regulated by law. F.S., a young pharmacist working for himself, mentioned another constraint which, according to him, further worsens the shortage of medicine. This involves immediate payment, a condition recently imposed on its "customers" by ENCOPHARM.

He explained that this measure is likely to slow down substantially the flow of pharmaceutical products, considering the limited resources of the majority of pharmacists working for themselves.

His colleague made an interesting remark. According to him the prices of medicines in the eastern part of the country are reportedly higher, compared to the central and western part of the country! He was unable to provide an explanation for this situation.

Finally, the same person was asked about the usefulness of the flash TV announcement concerning the product called "Polaramine" (Dexchlorpheniramine). According to this pharmacist, this product has been produced by the Biotic unit of Saidal Alger for several years!

He asked himself: "Was this announcement intended to cover up problems affecting the pharmaceutical sector?"

INDIA

Experts Note Rise in Hospital Infection Cases

92WE0407A Bombay THE TIMES OF INDIA
in English 9 Mar 92 p 5

[Article: "Rise in Hospital Infection Cases: Experts"]

[Text] Bombay, Mar 8—Health care institutions in India, private and public, of small or large magnitude, are today facing the challenge of providing quality service at reasonable cost, observed Dr. Pragnya Pai, dean, KEM hospital at the inauguration of the 'First Indian conference on hospital infection—its preventions and control' here on Thursday.

"With increasing public awareness and technological advancement on the one hand, and inflation and limited resources on the other, hospital administrators are required to do more and more with less and less," she noted. She states that with additional hospitals and consultants, costs did not come down. "Hospitals cannot generate enough revenue like industry," she added.

Dr. Pai was referring to the prevalence of hospital infection, an important factor which affects the morbidity, mortality and cost of hospital treatment.

Most hospitals in India suffer from a casual and arbitrary attitude to infection control, with indifferent rules for hygienic asepsis and scientific planning. Indiscriminate antibiotic policies, inadequate discipline and norms for 'good practices' and an overall lack of administrative and clinical awareness to systematically control hospital infection are also hurdles.

Professor J. D. Williams, president of the International Society of Chemotherapy and of the Association of Medical Microbiologies, U.K., pointed out that community infections are still prevalent in the world like malaria, tuberculosis, salmonellosis. AIDS, a community acquired infection has now become a major talking point in the world today. Though medical science has come a long way, a lot remains to be done in the field of infectious diseases.

"Hospital practice has changed enormously since immunization and antibiotics were discovered," Prof. Williams said. Prof. Williams said that in India, people were faced with the worst of both worlds; tuberculosis, typhoid and malaria from the underdeveloped world and infection problems like seen in hospitals in the West "since new medical technologies stretch everywhere."

He said that the problem was magnified due to the switch of medical interest from microbial diseases to cardiology and rheumatology. Brilliant doctors were not interested in qualifying in infectious diseases and many hospitals for the same had been shut down in the west. "Expertise has almost been lost," he lamented.

Since the last three years, Prof. Williams cautioned, major community problems of infection and a distinct

lack of human resources to tackle them existed. He stressed on the need to pool in resources, facilities and manpower, regardless of their speciality.

Prof. Williams said that the conference was only the first step to establish proper infection control measures. "It is a burning issue in British hospitals for many years yet it has not been successfully dealt with," he admitted.

The main goals of the conference would be to achieve the following in the next few years, said Prof. Williams: prevention of acquisition and spread of resistant bacteria from one patient to another; construction of a policy and the more difficult part—its implementation, acquiring resources and policing practises; the involvement of all branches of the medical profession including the nursing staff and administrators.

The conference, organised in collaboration with the Hospital Infection Society, U.K. and attended by nine international faculty members, is expected to offer an invaluable opportunity to set up the right work-code and norms for the Hospital Infection Society—India, to be set up during the course of the conference, to continue the work.

For the first time in India, standards and guidelines for developing discriminate policy for antibiotic usage in hospitals and clinical practice will also be laid down.

Speaking on 'antibiotic usage and policies in India,' Dr. F. D. Dastur, head, department of medicine, P. D. Hinduja Hospital, regretted that pharmaceutical companies selling antibiotics often projected themselves as public benefactors while pursuing profit-oriented goals. The medical profession must provide checks on improper antibiotic usage, he said.

As a consequence over-the-counter sale of antibiotics without prescriptions had led to antibiotic resistance of organisms to multiple antibiotics, not just in hospitals but also in the community. The formulation of a hospital antibiotic policy must therefore take into account the community scene, for which information may not be available. Powerful antibiotic combinations, in such a situation, must not be prescribed and reserved for specific life threatening cases instead, he advocated.

Increase in Heart Disease Among Women Noted
92WE0408A New Delhi INDIAN EXPRESS in English
16 Mar 92 p 5

[Article: "65 Lakh Women Suffer From Heart Diseases"]

[Text] New Delhi—Over 65 lakh [6,500,000] women in the age group 25-64 suffer from coronary artery disease (CAD) and constitute one-third of the country's heart patients. The incidence of CAD, leading to angina and heart attack, was virtually nil among women two decades ago.

This alarming disclosure was made on Sunday by Dr. (Col.) K. L. Chopra, chairman of the Heart Care Foundation of India, at a free check-up camp for women. The camp had been organised at South Delhi's Moolchand Hospital where some 200 women were examined during the day.

Dr. Chopra and his colleague Dr. K. K. Aggarwal said the female hormone oestrogen, produced by the ovaries, is believed to boost HDL which is a good cholesterol and lowers the risk of heart diseases. "If despite this natural protection, women fall victim to heart diseases then they seem to be working very hard," the cardiologists said.

Stress and tension leading to high blood pressure and heart attack have been identified as major risk factors for women. "Due to economic and social factors, more and more women are entering various professions. But in our male dominated society, a woman after returning from her place of work has to also look after the household, rear children and do the marketing. The husband and other male members of the family usually refuse to help manage the household," the cardiologists observed.

IRAQ

Food, Medicine Embargo Kills Over 21,000 People in 2 Months

JN0903183992 Baghdad INA in Arabic
1230 GMT 9 Mar 92

[Text] Baghdad, 9 Mar (INA)—The food and medicine embargo imposed on the people of Iraq has resulted in the death of 21,772 Iraqis of all ages over the past two months.

A Health Ministry report published today said these included 8,081 children under five years of age. They died of diarrhea, acute respiratory and intestinal infections, and communicable diseases. The remaining 13,698 citizens were over five years of age.

According to the report, 16.8 percent of the newborns throughout Iraq during the past two months weighed less than 2.5 kg. During the last four months of 1990, on the other hand, only 4.5 percent of the newborns weighed less than 2.5 kg. The report attributes the increase to malnutrition resulting from the continued unjust economic blockade against Iraq, especially the embargo on food and medicine.

The report maintains that the rise in communicable disease infections during the past year was a result of the shortage of medicines and medical supplies.

According to the report, major operations in Iraq during the past year declined by 57 percent compared to 1989. Only 78,089 major operations were performed in the past year, compared to 181,506 in 1989.

Laboratory activity in Iraq dropped by 57 percent compared to the 1989 figures, the report says.

The report explains that 1,056,956 citizens suffered from malnutrition-related diseases during the past year. Of them, 12,796 citizens suffered from kwashiorkor, 96,186 from marasmus, and 947,974 from other types of malnutrition, including deficiency in albumin, calories, and vitamins.

Israeli Gum Sold in Kurdistan Said To Cause Sterility

*JN1904082092 Baghdad AL-QADISIYAH in Arabic
16 Apr 92 pp 1, 7*

["Exclusive"]

[Text] The gangs of agent Jalal Talabani [leader of the Patriotic Union of Kurdistan] continue to commit the ugliest crimes against the sons of our Kurdish people, who refuse to follow their example of subservience.

These gangs have pursued various means to harm citizens. They have even been so mean as to introduce to Irbil and other areas certain types of chewing gum, which they claim is an aphrodisiac and antidepressant, but which laboratory tests reveal cause sterility. The label on the chewing gum packs is in Hebrew and shows that it is manufactured by the Zionist Surial [name as published] company in occupied Palestine. The chewing gum is sold cheaply to encourage citizens to buy it.

Reliable sources told AL-QADISIYAH that the Kurdistan region is suffering an acute shortage of food supplies and poor hygienic conditions. This has been reflected on public health. Diseases have spread among children and elderly people, who face death because of hunger or the bad food and medicine brought in by Talabani's gangs from Iran.

A citizen, who preferred anonymity, said that most families suffer from food shortage because food is being stolen by agent Talabani's gangs, which raid houses and seize all available food supplies at gunpoint for later distribution to gang leaders. The citizen added: Our suffering will not end and will increase as long as these gangs persist in their terrorism.

He added: We are facing disastrous circumstances, which we cannot overcome without the return of the legitimate authority and the full enforcement of the rule of law.

Official Cited on Infant Mortality, Health Issues

*JN2204143792 Baghdad INA in English
1230 GMT 22 Apr 92*

[Text] Baghdad, Apr 22, INA—Iraq on Tuesday said that over 60,000 children have died because of the U.N.-imposed sanctions on Iraq.

Health undersecretary, Dr. Shawqi Murqus was quoted as saying the embargo on children's food and medicines had resulted in the death of more than 60,000 children

under the age of five because of diarrhea, malnutrition and respiratory tract and communicable diseases.

He added that the embargo has also caused the death of some 84,016 Iraqi people due to chronic diseases such as cancer, blood pressure, cardiac diseases and diabetes.

Dr. Murqus went on to say that medical aid which Iraq has already received amounted to no more than five percent of Iraq's actual needs.

Meanwhile, the Ministry of Health has reported some 108 bilharzia cases in Baghdad and other Iraqi provinces over the past two months.

Dr. Hashim Minwir, head of Bilharzia Department at the Ministry of Health told IRAQI NEWS AGENCY (INA) that health authorities have recorded three bilharzia cases in Baghdad and Wasit, 54 cases in Dhi Qar, ten in Maysan, eight in Diyala, 24 in al-Anbar, four in Babil and one case in each of al-Basrah and al-Najaf Provinces.

Dr. Minwir blamed the spread of bilharzia on the U.S.-led military aggression against Iraq and the U.N.-imposed sanctions which caused severe lack of pesticides and laboratory equipment needed to diagnose the disease.

He urged people to refrain from drinking contaminated food and water to avoid contracting the disease. [sentence as received]

Last month, a report issued by the Ministry of Health said over 21,000 Iraqis died in the first two months of this year.

The report said 8,018 children under the age of five died because of diarrhea, acute respiratory tract and intestinal infections and communicable diseases. Meanwhile, 13,698 people over the age of five died.

The report added that there was a sharp increase in the number of underweight newly-born babies in comparison with figures of the last four months of 1990.

It explains that the rate of babies weighing less than 2.5 kg born in January and February this year amounted to 16.8 percent in the last four months of 1990. [sentence as received]

The report attributed the sharp rise to malnutrition caused by the embargo.

The Health Ministry report noted that in 1991, the number of people struck by malnutrition-related diseases reached 1,056,956.

Also last year, the number of major operations went down by 57 percent in comparison with 1989. In that year there were 181,506 operations as opposed to 78,089 last year. Laboratory activity in Iraq dropped by 57 percent.

The report gave figures of communicable disease cases in 1991. It said there were 186 cases of polio, 511 of diphtheria, 1,537 of whooping cough, 11,358 of measles, 848 of german measles, 936 of child tetanus, 23,529 of pneumonia, 22,718 of mumps, 880 of cholera and 17,524 cases of typhoid.

Also recorded were 58,311 cases of amoebic dysentery, 11,135 of hepatitis, 5,792 of meningitis, 7,105 local malaria, 3,713 of black fever, 196 of hemorrhage fever, 2,223 cases of bends, 1,787 of hydatid cysts, 1,892 of scabies and 256 cases of rabies.

Report Details Worsening Health Conditions

JN1605140592 Baghdad INA in English
1300 GMT 16 May 92

[Text] Baghdad, May 16, INA—The death of thousands of innocent Iraqi children and people that have already occurred because of the delayed effects of the U.S.-led aggression against Iraq is almost tantamount to a crime of genocide that deserves punishment, a report published by the Iraqi English language daily "THE BAGHDAD OBSERVER" said.

The Harvard study team provides chilling readings for those willing to make their way through its clinically precise findings and conclusions. The team estimated that as of May 1991, 55,000 additional deaths of Iraqi children under five had already occurred because of the Gulf crisis, and projected that at least 170,000 Iraqi children under five will die in the coming year from the delayed effects of the war. The study also emphasised that these projections are conservative. "In all probability, the actual number of deaths of children under five will be much higher."

The continuation of economic sanctions against Iraq prevents the massive infusion of international humanitarian assistance necessary to prevent these mortality projections from becoming a reality.

More Iraqi people continue to die as a result of the post-war than during the actual battle. The U.N. sanctions have crippled health care, shrunk food supplies and pressed most of the country's 18 million people into despair.

As a result of the economic sanctions imposed on Iraq almost all hospitals are over-crowded with patients and ill-equipped with unsanitary conditions. Moreover, the hospitals experienced severe shortages of the most basic medicines such as antibiotics, anaesthetics, syringes for IV tubes and sutures for stitches.

Hospitals are forced either to treat fewer patients fully, leaving others untreated, or distribute the medicines among larger numbers, thus providing insufficient treatment for each. Both methods are irresponsible from a medical point of view.

The functioning of hospitals is severely impaired because of shortages of spare parts, diagnostic and therapeutic instruments. The number of operations performed in 1991 has recorded a noticeable decrease of some 57 percent over figures recorded in 1989 as a result of the embargo imposed on Iraq according to Health Ministry reports published in AL-'IRAQ daily recently.

The reports indicated that the number of major surgeries performed in Baghdad's hospitals in 1991 was 30,911 in comparison with some 73,278 ones in 1989.

In the southern port city of al-Basrah, some 6,616 operations had been performed in 1991 compared with some 10,212 operations in 1989, recording a drop of 35 percent.

In the meantime, operations performed in Ninawa's hospitals had gone down from 12,030 in 1989 to some 8,636 operations in 1991. That is, a decrease of some 28 percent. Medical staff in Maysan Province had performed some 1,557 operations in 1991 in comparison with some 4,740 ones in 1989, recording a decrease of some 67 percent.

A decrease of some 71 percent in the number of operations performed in Irbil's hospital was recorded in 1991, the reports said, indicating that medical staff there had performed some 2,257 operations in 1991 as opposed to some 7,844 ones in 1989.

In al-Qadisiyah Province, the number of operations performed in 1991 stands at some 1,415 in comparison with some 3,856 operations in 1989, scoring a decrease of some 63 percent over 1989 figures, the reports indicated.

Similar decrease has been recorded in other Iraqi provinces.

The reports indicated that some 181,506 operations had been performed in 1989 in all Iraqi hospitals, indicating that the number of operations had gone sharply to 78,089 operations in 1991 due to lack of medicine and medical appliances as a result of the economic embargo.

A report conducted by Dr. Margit Fakhuri, a German pediatrician who worked at Baghdad Children's Hospital between 1972 and 1982, stated that, as a rule, operations are normally done in sterile conditions and when this rule is unfulfilled the result is wound infection, gangrene and sepsis.

Moreover, operations are done in full narcosis. If the drugs are not available, the narcotic gas is missing, said Dr. Fakhuri adding that this is the reason why many patients, including children, had limbs amputated without narcosis, as well as painful wound dressing without painkillers. Because of lack of material, drugs and narcotic gases, only emergency operations are performed.

Dr. Fakhuri quoted the director of neurological hospital as saying that he can perform only 6-10 operations per

week, because anaesthetics are unavailable, and because pro-operative examinations have been made impossible by the lack of spare parts for laboratory equipment.

Before the embargo he performed about 200 operations per month. "Patients are dying like flies. I cannot take responsibility either for performing or refusing to perform surgery," said the director.

Hence the only possibility for warding off a man-made catastrophe is through the immediate lifting of the embargo. Only when Iraq is allowed to buy what it needs with its money can the civilian population, especially children, be helped, the paper concluded.

FAO To Extend Aid To Help Combat 'Cattle Plague'

*JN2805134592 Baghdad INA in English
1305 GMT 28 May 92*

[Text] Baghdad, May 28, INA—Iraq and the U.N Food and Agriculture Organization, FAO, signed today an agreement to render urgent assistance to Iraq for combating the cattle plague.

The FAO pledged to render the necessary vaccinations and various equipment to help the Iraqi competent authorities combat this infectious disease which spread in a neighbouring country.

MOROCCO

Increased Use of Nuclear Medicine Proposed

*92WE0446A Casablanca MAROC SOIR in French
13 Apr 92 p 9*

[Text] On 11 April Minister of National Education Taieb Chkili presided over the opening session of a meeting on "The Use of Nuclear Techniques in Medicine," sponsored by the Moroccan Association of Engineers in Atomic Engineering (AIGAM).

Minister Chkili mentioned the peaceful use of nuclear techniques, particularly in the medical, veterinary, agricultural, industrial, and scientific research fields, as well as for the purpose of economic, scientific, and technological development.

After referring to Moroccan national policy on this matter the minister also emphasized the importance attached to the training of personnel in this respect.

Abdelhamid Berrada, the president of the AIGAM, said that the objective of this meeting "was to dispel the fear that we have of atomic radiation. The community unconsciously considers that atom and nuclear reactions are associated with the idea of the atomic bomb and particularly with the risk of war... Today radioactive elements are commonly used in several areas of life, and knowledge of this is the best antidote against fear."

He added that nuclear medicine is the result of closely linked work between the doctor, who "raises the problem," the physician, who "understands what the doctor wants," and the engineer, "who provides the solution."

Nuclear medicine offers the certainty of making a precise diagnosis of many kinds of disease. Its effectiveness has been increased by the use of the medical cyclotron, an instrument supported by a computerized, biochemical laboratory which has "become the soul of the radio pharmacy," Mekki Berrada said.

He recalled the royal decrees setting up the National Council of Nuclear Energy, which is going to open up new horizons to national policy for the peaceful use of this form of energy and give a new thrust to the development of international cooperation in this area.

Attending the opening ceremony of this seminar were the secretary general of the Province of Greater Casablanca, Moroccan and foreign experts and specialists, as well as several other personalities.

PAKISTAN

Cooperation With Iran in Health Care Agreed

Health Ministers' Meeting

*92WE0384A Lahore THE PAKISTAN TIMES
in English 29 Feb 92 pp 1, 12*

[Text] Islamabad, 28 February: Iran will extend maximum help to Pakistan, through exchange of experts, in primary health care. The services of more specialist doctors from Pakistan will also be employed in Iran.

This was agreed in bilateral talks between a delegation led by Iranian Health Minister Dr. Reza Malekzadeh and Pakistani counterpart led by Federal Health Minister Syed Tasneem Nawaz Gargezi. The meeting was held here today in Pak Secretariat. It was also agreed in the meeting that Pakistan would provide technical assistance to Iran for controlling malaria.

Federal Health Minister Syed Tasneem Nawaz Gardezi, while welcoming the members of Iranian delegation briefed them about the health activities in Pakistan. He appreciated the Iranian delegation for achieving the excellence in the fields of health delivery system, emergency centres, primary health care and pharmaceutical industry. He further hoped that a close bilateral cooperation and collaboration would be achieved in these fields.

Earlier, Dr. Mohsin Ali Director General Health briefed the Iranian delegation about the overall health situation in Pakistan. He highlighted the ongoing health projects, problems and future plans of the government in health sector.

He told that in the Seventh Five-Year Plan, an amount of 1,024 million rupees was allocated for preventive

programmes and recently the Government had taken initiative by launching Pakistan Child Survival Programme and expanded programme on immunisation.

He further said that there were 215 drug manufacturing units in Pakistan and Pakistan earned more than one thousand million rupees through export of surgical instruments which was indeed a major export. He further hoped that health care for all would be achieved by the year 2000 and problems of high infant mortality rate, high maternal mortality, severe and moderate malnutrition, would be controlled.

The Iranian and Pakistani Health Ministers pledged to have more firm brotherly and friendly ties between the two countries, the other members of the Iranian delegation who were present in the talk included Dr. Bijan Sadrizadah, Deputy Minister for Public Health and Dr. Mansur Safai, Principal Shahekurd Medical University.

Nuclear Medicine Institute

92WE0384B Lahore THE PAKISTAN TIMES
in English 2 Mar 92 p 4

[Text] Islamabad, 1 March: Iranian Health Minister Dr. Raza Malekzadeh has said here Saturday there is great scope of cooperation in nuclear medicine between Iran and Pakistan.

Talking to newsmen at the Nuclear Medicine Oncology and Radio Therapy (NORI), Mr. Reza Malikzadeh said he was greatly impressed to see the institute catering to the needs of thousands of patients every year, especially cancer patients.

The Iranian Health Minister is currently heading a six-member delegation on Pakistan visit.

Earlier Dr. N.A. Kizilbash, Director NORI, while briefing the delegation about the institute said "the institute established in 1983 treats about 13,000 patients per annum.

The institute, he added, had a capacity of 45 beds presently which would shortly be raised to 75.

He said with 59 technical staff and 90 non-technical staff the Nuclear Medicine Hospital was successfully diagnosing cancer diseases and treating the patients with the latest expensive equipments.

Dr. Kizilbash said 30 percent of cancer diseases were preventable if detected at earlier states for which the institute was working day and night. He said cancer diseases in Iran and Pakistan had similarities and both countries could cooperate in this regard, he added.

Dr. Qureshi earlier, member Technical, Pakistan Atomic Energy Commission, informed the Iranian delegation nine nuclear medical institutes were functioning in the country besides three agricultural institutes.

He said a 300 MW [megawatt] nuclear power plant would be set up in the country for which the initial work, would start in a few months.

Similarly, two small research reactors of 125 MW are already working at present.

Later the delegates were taken round various sections of the institute including Gamma camera and linear accelerator section.

SAUDI ARABIA

Expansion Slated for Southern Military Hospital

92AE0350B Jeddah AL-MADINAH in Arabic
22 Apr 92 p 5

[Article by Hasan al-Mazini and al-Fatih Muhammad al-Amin: "First Stage of New Expansion for Southern Armed Forces Hospital Costs 100 Million Riyals"]

[Text] At the end of 'Id al-Adha [Greater Bairam holiday, 12 June], the new expansion of the Armed Forces Hospital in the south will open at a cost of 100 million Saudi riyals for the first stage.

AL-MADINAH conducted a field inspection of this expansion, which comprises many advanced departments, with the most accurate and modern medical equipment. We were accompanied by the assistant commander of the Southern District, Staff Maj. Gen. Muhammad Sa'id al-Yazidi, who also was standing in for Southern District Commander Maj. Gen. 'Abdallah Muhammad al-Tasan at the graduation ceremony of the second class [of enlisted health personnel] from the armed Forces hospitals' nursing course, totaling 46 students. [Passage omitted]

New Expansion

The new expansion of the Armed Forces Hospital, at the conclusion of its first stage, comprises new buildings housing the following departments: Pathology; X-ray; and, Central Electrical Diagnosis [as published]. Moreover, the buildings housing the Dialysis and Kidney Transplants Department, Centralized Care, and the Intensive Care Unit, have been refurbished. The latter is a new unit, built to care for patients who need extensive medical and nursing care.

A special outpatient clinic will also be provided, as well as a unit for one-day tests, equipped with the beds required for these purposes. Laboratory services have been transferred to one location, with 1,300 square meters of floor space at this stage of development. The laboratory includes a pathology section. Its resources are considerable and include all services with the most modern equipment available. Space has been allocated for a blood bank, blood donations, studies pertaining to blood diseases, biochemistry, and chemotherapy. As for the science of tissue, space was allocated to conduct tissue tests, microbiotic studies, tuberculosis tests,

studies pertaining to viral diseases, and tests to match tissue of kidney donors for transplants.

Advanced x-ray photography is available, including magnetic resonance imagery [MRI], and a heart bypass laboratory, in which bypasses are inserted into hearts and then pictures are taken by using advance x-ray equipment. This also raises the possibility of establishing a unit for heart diseases, a section specializing in blood vessels, and a photographic section using radioactive isotopes. There is also a section to break up [kidney] stones, and a unit for one-day care.

A new kidney department will be established within the refurbishing program, which is being done on the first floor. The Kidney Transplant Unit will be located next to the Dialysis Unit, which will operate under a new, advanced system, in which a computer is used to determine the appropriate treatment for each patient. This shortens the time that the patient spends in dialysis. The treatment is shortened to two hours, instead of a full day.

Kidney transplant operations will be conducted in the Kidney Transplant Unit, and will be increased. The hospital's program is aimed at developing a program for transplants from live donors, selected from the patient's relatives, and at developing a program of transplants from brain-dead persons, prepared in expectation of future kidney recipients. A program for kidney transplants in the Southern District has been established.

High Command's Concern for Armed Forces

In his statement to AL-MADINAH, the assistant commander of the Southern District, Maj. Gen. Sa'id al-Yazidi, made it clear that the highest levels, led by Custodian of the Two Holy Mosques, King Fahd Bin-'Abd-al-'Aziz; his crown prince; and the second deputy prime minister, minister of defense and aviation and inspector general, give the Armed Forces everything they require. The Ministry of Defense and Aviation is proud that it is always competitive in the field of medical services. Al-Yazidi characterized the Southern District's Armed Forces Hospital, which is newly expanded on the most advanced levels, as a new addition to advanced services in the kingdom. Apart from military personnel, it also offers its services to civilians.

Al-Yazidi stated that the second deputy prime minister, minister of defense and aviation, and inspector general, issues instructions on a daily basis regarding medical treatment in these military hospitals for citizens and residents alike. Moreover, the Southern District's assistant commander stated that citizens' visits to military installations, in accordance with the directives of the second deputy prime minister, minister of defense and aviation, and inspector general, still continue to be issued.

Armed Forces Hospital Program

Captain 'Ubayd Mansur briefed AL-MADINAH concerning the English Language and Health Skills Training

Center, within the program of Armed Forces hospitals in the south, for the purpose of providing the highest level of health care, support, and treatment for Armed Forces' personnel. This is done through qualifying and training national technical cadres in English and health skills at the training center, established in the King Faysal Military City's hospital in the south in 1975. The program is as follows:

1. English Language Department: The length of study in this department is one full academic year, in which the student receives the principles of English. The curriculum he studies is the same curriculum used in American and British institutes and schools specializing in this field. In addition, there is concentration on medical terminology that the student will need after graduation. The center also prepares the student by using all forms of modern instruction techniques, which raises his educational level and scientific knowledge.

Furthermore, we would also like to point out that, since its establishment, approximately 850 students have graduated from this center in some 20 training sessions from various branches of the Armed Forces, including both civilians and military personnel.

2. Health Skills Department: Each trainee who wishes to enter this department must have the basic fundamentals in nursing, either through being a graduate of the Armed Forces School of Health Services or a graduate of one of the Ministry of Health's institutes and who, after graduation, has been appointed to the Armed Forces Health Services. The trainee must also take the center's English course, or be familiar with the English language. All paramedical specialties are included, concentrating on the more than 25 specialties offered by the hospital. Some examples are qualifying as laboratory technicians in the following departments: blood and biochemistry research, microbiology research, bacteriology, parasitology, assistant pharmacists in pharmacology, operating room technicians, anesthesiology and x-ray technicians, heart and hearing testing, etc., in addition to nursing.

The training periods for these specialties range from one to two years, depending on the trainee's field. These are divided between theoretical and practical training. So far, 300 trainees in various specialties have graduated from the Department of Health Skills.

3. With the approval of the chief of the general staff to hold courses for enlisted health personnel, with each course being six months in duration, the first class graduated a few months ago.

The second class of enlisted health personnel has finished the decreed course, in which they received theoretical and applied lessons in the following categories:

- Fundamentals and general principles of nursing; This includes general care for the patient, from his admission to the hospital to his departure.
- First aid;
- General principles of organ functions and anatomy;

- Field medical evacuation;
- General principles of diseases, such as internal, contagious, and endemic diseases;
- Principles of bacteriology, microbiology, and parasitology;
- Fundamentals of pharmacology.

Moreover, fundamentals of English are taught, with concentration on medical terminology.

In addition to the previous courses, classes in Arabic have been conducted for foreign personnel working in the hospitals, for the purpose of improving their comprehension of patients.

A refresher course in English will also be given at the beginning of next year to certain workers in the program.

SUDAN

Critical Shortage of Medicine Foreseen

92AF0658Z Khartoum AL-SUDAN AL-HADITH
in Arabic 23 Mar 92 p 1

[Article by Nabilah 'Abd-al-Muttalib: "Medicine Shortage Exists, But Real Crisis Is Yet To Come"]

[Text] Dr. Muhammad Najib Babakr, Director of the Ministry of Health's Department of Pharmaceutical

Manufacture, said that the shortage of medicine continues because pharmaceutical companies and manufacturers lack the financing needed to obtain the banking credit they need to import medicine.

He told AL-SUDAN AL-HADITH that shortages of medicine will become critical unless fundamental steps and solutions are taken to make medicine immediately available. He pointed out that several proposals to alleviate the shortages were submitted to the minister of health by both the relevant authorities and the Association for Importing Pharmaceuticals. One such proposal is for banks to provide the import and manufacturing sector with the necessary facilities as a prelude to opening 20-percent credit accounts in order to satisfy demand.

Dr. Muhammad Najib added that existing medicine manufacturers help supply certain medicines after fulfilling industrial needs, and that some facilities encounter problems in obtaining the funding needed to import raw materials.

Dr. Jamal Majdhub, Director of the Department of Economical Treatment, said that large quantities of medicine arrived from Britain and that they would cover the needs of Economical Treatment Centers for six months. They include basic pharmaceuticals and antibiotics and will be distributed via the pharmacies of Economical Treatment Centers which, he pointed out, are open 24 hours a day in the three governorates [governorates unspecified]. He added that shortages of certain drugs are covered by medical aid.

"Baltmed" Health Center Opens

927C0389A St. Petersburg SMENA in Russian
29 Jan 92 p 1

[Article by Vladimir Strugatskiy: "Things Are No Worse at Home"; photos [not reproduced] by Aleksandr Belenkiy; first paragraph is SMENA introduction]

[Text] Baltmed, the new center opened this week by the Baltic Maritime Steamship Line [BMP] and St. Petersburg Medical Institute imeni Academician I. P. Pavlov, has challenged official medicine.

In our times, when, it would seem, only stock markets and commercial shops are thriving, there are still people who are also thinking about how to establish medical centers outfitted with equipment of such sophistication as was not even dreamed of, not only by the physicians of Petersburg, but of Russia as a whole.

Again, the seamen of the BMP were lucky. A maritime medical center that can receive up to 600 people per day was opened yesterday on Tsiolkovskiy Street, and it was named Baltmed.

Before the center opened, its general director, Vyacheslav Shelukhin, a physician who has traveled all over the world aboard vessels of the BMP, stated: "When out of the country, to make a creditable showing, our seamen would reiterate: 'Things are no worse at home,' meaning, of course, that shops and apartments, as well as ships and marine hospitals, are much worse at home. Now, they will be able to say, at least about their clinic that 'Things are no worse at home,' without being cunning." We became convinced of the validity of these words as soon as we viewed several offices at the new center. The BMP invested more than a million dollars in the latest, fourth-generation computerized tomograph produced by General Electric, which can permit viewing of such secrets of our body that it is even becoming frightening to expose ourselves to it. For the time being this is the first functional tomograph of such sophistication in Russia, although such equipment has already been acquired for the Kremlin Hospital and Yakutsk gold miners. The chief of the Dutch firm, Transvol, Hans Sonneveld, who has been a partner in the BMP for many years, helped acquire the latest gynecological equipment for the new center. In general, there is a long list of manufacturers of the most modern stomatological and urological equipment, as well as special massage tables.... But all this equipment is useless without people who can operate it. The center's management succeeded in finding such physicians. Many of them have undergone training abroad and have been certified by the manufacturers of extremely complex equipment.

In the course of building its medical center for seamen, the BMP had to overcome many obstacles, as usual, and first of all to break down the resistance of the Ministry of Health of the former USSR, which did not want to concede that establishment of such an ultramodern center is beyond the realm of official medicine. Still, the

BMP and its physicians decided to offer the challenge and see their project to its conclusion. And, as always, they were victorious. Now they joke that the flowers in the lobby are so beautiful because they were grown on their tears.

Incidentally, the people who supported this idea are both seamen and builders of the steamship line trust, as well as prominent specialists at the Institute imeni Pavlov. They supported it realizing that such a center is needed, not only by the seamen, but also all of Petersburg. In spite of the fact that treatment in such a center costs enormous sums, people with serious diseases and needy residents of Kirovskiy Rayon will be able to undergo testing there....

The maritime medical center on Tsiolkovskiy Street is only the first step taken by the BMP toward developing its major medical complex, with a hospital and polyclinic.

New Method of Pancreas Surgery

927C0384C Moscow ROSSIYSKAYA GAZETA
in Russian 4 Mar 92 p 8

[Article by Boris Samoylov, under the rubric "For the First Time": "Operations Without a Scalpel"]

[Text] Disorders of the pancreas affect tens, hundreds of thousands of people. For many years the pancreas was a sort of blank spot for surgeons. Contact with a scalpel often led to a tragic ending. It is not in vain that physicians called it the "don't touch" organ.

Sergey Shipovalyants, doctor of medical scientists, has proposed a new conservative method of treating patients, which has no analogues in worldwide practice. It has replaced the scalpel with an ordinary videoscope that permits "unloading" the pancreas, enabling one to locate the orifice of the pancreatic duct without damaging it.

The new method can be used in the treatment of other organs, for example, the gallbladder.

St. Petersburg Hospital Stops Accepting Patients

927C0384D Moscow PRAVDA in Russian 5 Mar 92 p 2

[Article by Besik Pipiya (special PRAVDA correspondent), St. Petersburg: "It Is Too Soon for Us to Die...."]

[Text] After close to 100 years of existence, the hospital of the St. Petersburg Medical Institute closed its admitting department. Nikolay Vavilov, chief physician of the institute's clinic, was compelled to endorse an order to stop admitting patients. The reason was the lack of drugs and funds to feed the patients.

The former First Leningrad Medical Institute was under the jurisdiction of the former USSR Ministry of Health. Upon the demise of the Union, the medical institution

was placed under the management of the Russian Ministry of Health in December of last year. But little is mentioned by the successor in documents. Even a "step-father" should be concerned about the life of his offspring. And it appears that the Russian government has forgotten about this "trivial item."

I asked the pro-vice-chancellor for medicine at the medical institute, G. Nikitin: "How much money do you need for one month? Perhaps sponsors could be found, and in the meantime the Russian Ministry of Finance will clarify the causes of what has happened?"

He replied: "I would not attempt to quote an exact figure. Judge for yourself: 80 percent of the items on the drug list cost 4-5 times more now. There are contractual fixed prices for the remaining 20 percent."

Needless to say, at least it is not the physician's task to predict what the economic situation will be tomorrow. For the time being, in the period of formation of the Russian government, it appears that one will have to arm oneself with the treating method discussed in the comedy, "The Inspector-General." N. Gogol's hero states that "we do not use expensive drugs. If the patient dies, he dies, and if he recovers, he recovers...."

Academician Comments on Drug Shortage

927C0384B Moscow ZHIZN in Russian 10 Mar 92 p 2

[Article by Irina Krasnopolskaya: "When Will There Be Aspirin in Every Pharmacy?—Question Asked of Academician Pavel Sergeyev, Prominent Specialist in Drug Products"]

[Text] **Pavel Sergeyev:** To be very precise, we are simply not offering treatment at the present time: there is not even a kind word about physicians. Society has become so bitter, people are so angry, and all of mankind has been so consumed by the search for what is scarce that it is difficult to find a kind word. Yet the situation with drugs is indeed disastrous. Although, do not be surprised that now I have some hope.

Question: I was told that you, Pavel Vasilyevich, have passed through all of the power structures, all the way to the top to achieve something. Is this the truth or a legend?

Pavel Sergeyev: It is true. I have been in the presence of the former president of the former Union, and that of the Russian president. Together colleagues of mine, academicians Mikhail Davidovich Mashkovskiy and Robert Georgiyevich Glushkov, we drafted the ukase of President Gorbachev about supplying drugs to the people of the USSR. We do not know why Mikhail Sergeyevich never examined it, since he used to like to say that it was a fateful decision. In July of last year, I was received in the White House by Ivan Stepanovich Silayev. He proposed that we work together on an ukase. In August I sent him a wire about my agreement to be his adviser on development and introduction of drug products in our

country. Work began. But the endless political perturbation in our country slowed it down.

Question: What has been concretely accomplished? People are tired of promises.

Pavel Sergeyev: In the first place, a team of scientists has compiled a list of vitally important drugs that must be produced. In the second place, thanks to the Russian deputies, it was possible to establish a committee that will deal specially with questions pertaining to drugs.

Question: What about the Pharmaceutical Committee?

Pavel Sergeyev: It is a management body and nothing more. Unfortunately, at a given point in time there was spontaneous dissolution of this committee and, in spite of our request to the former management of the former USSR Ministry of Health, it could not be revived. It changed into an ordinary bureaucratic entity and is not involved in the supply of drugs. In the third place, a program for drug products has been approved. The Russian government has allocated funds. True, they are not sizable, and only in our domestic currency.

Question: But the Russian government has also made a contribution in hard currency for acquisition of new drugs. Or am I mistaken?

Pavel Sergeyev: Yes, it has. But in my opinion some of the hard currency should have been allocated for retooling our own pharmaceutical industry. This was not done; the hard currency is used only to purchase foreign drugs. Of course, they are needed. But it is equally necessary to improve the domestic pharmaceutical industry—it is on the verge of a standstill.

Question: If that is so, what can all your beautiful programs and documents accomplish? Can you answer this question: when will CIS citizens be able to get at least ordinary, pure, safe aspirin? The kind that is used the world over. But not by us. Will valocordin, analgin, vitamin-enriched eye drops and other most essential drugs appear in our pharmacies, even at today's insane prices?

Pavel Sergeyev: That is a very difficult question. I realize full well that even the best, the wisest, the most necessary ukases and laws are seldom effective in our country. Will we be an exception? I think not.

Question: Then what grounds do you have to be hopeful?

Pavel Sergeyev: My hopes are generated by the fact that professionals are now involved in solving the problem. Let me cite an example. We have never solved a problem starting from the search for a drug and ending with its use in clinical practice. Now there is an opportunity to do this. For this reason, all of the drugs you listed will become available, unless there are any more social upheavals.

Question: Where will funds be found for them? After all, that same valocordin has to be purchased abroad, and no one will sell it to us for rubles.

Pavel Sergeyev: I am ashamed that the needy have to go to huge expense to obtain the most essential drugs. The high cost of drugs appeared after the democrats came to power. The impression is gained that there are people among the democrats who want to discredit the progressive elements of our life.

This question, the question of life or death of society, must be resolved by a congress of Russian people's deputies and congresses of all CIS states.

Russian Health Minister Denies Retirement Rumors

927C0384A Moscow ROSSIYSKAYA GAZETA
in Russian 19 Mar 92 1st ed. p 5

[Article by Olga Plakhotnikova: "What They Say and What is True—"Retirement Rumors Are Exaggerated"]

[Text]I went to Andrey Vorobyev, health minister of Russia, to learn from him personally whether it is true that he plans to retire; such rumors embellished with details apparently originated on the upper levels of power and have already reached hospitals and polyclinics. It seems that they are strongly prompted as well by the critical "health status" of medicine itself, which is apparent to the naked eye.

Andrey Ivanovich [Vorobyev] stated "My former colleagues have already congratulated me for my bold decision, to return from bureaucratic activities to medical work (for the last 4 years I have been director of the All-Union Hematological Research Center). However, I have no intentions of retiring."

Question: Do you concur with the opinion that our health care system is reaching an end, that it can collapse any day now?

Andrey Vorobyev's answer: There is absolutely no breakdown of health care. It could collapse only because it is financed to less than fifty percent. There is a shortfall of 23 billion for the first quarter. 1992 is a critical year for us; it would take a few months to destroy the system.

How can I prove that there is no collapse? Here, for example, is one of the deciding indicators—infant mortality. It has declined from 18.9 to 17.4/1000 births from 1988 to 1990. The figure was 16.8 for 11 months of last year.

Mean life expectancy has increased by 1.5 years and reached 69.9 years: 64 for men and 74 for women. Yes, we do have one of the poorest indicators in Europe. But still, there has been some obvious progress. There has been virtually no change in health status of the public within the last year. You may ask the reason for this, since social problems affect health. The answer is that the health care system has not collapsed.

If it receives sufficient funds, if we succeed in convincing local authorities to provide grants for medicine, and if financing will be retained for procurement of drugs, I am sure that we shall stay on our feet.

Unified Anti-Plague Service Formed in Alma-Ata

LD0804093492 Moscow ITAR-TASS in English
0727 GMT 7 Apr 92

[Article by KAZTAG correspondent Vladimir Ganzha for ITAR-TASS]

[Text] Alma-Ata April 7 TASS—The Scientific Production Association (NPA) of antiplague establishments has started its work in Alma-Ata, the capital of Kazakhstan. It is affiliated with the Central Asian Antiplague Scientific Research Institute, which is a zonal and methodological centre for the fight against highly dangerous diseases in Central Asia and Kazakhstan. The association comprises a net-work of centres and laboratories producing vaccines, serums and diagnostic preparations, as well as training centres for specialization of doctors, biologists and laboratory assistants.

The new NPA has a solid scientific potential with over seventy doctors and candidates of sciences working here. It will enable the team to solve complex problems of prevention of epidemics, including, still to a large extent, vague nature of outbursts of plague in nature. Such research works are being conducted jointly with scientists from China, Vietnam and Mongolia.

Diseases neither recognise state borders nor sovereignty, the director general of the NPA, Vladimir Stepanov said. In order to protect public health we will fight against diseases along with our colleagues from Central Asian states. The main aim of the agreements signed with antiplague establishments of Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan is to unite our efforts and material resources in this direction, he said.

Byelarus Declassifies Chernobyl Health Effects Statistics

927C0389B Moscow IZVESTIYA
in Russian 16 Apr 92 p 2

[Article by Nikolay Matukovskiy: "Secret Figures Aired in Byelarus"; first paragraph is IZVESTIYA introduction]

[Text] The International Chernobyl Congress has convened in Minsk; it was organized by the Belorussian charitable fund called "For the Children of Chernobyl," along with nongovernment organizations of countries in Europe, America, Asia and Australia.

The general topic of the congress was the world after Chernobyl. The 113 congress participants discussed scientific and global-economic aspects, biomedical and sociopsychological sequelae of the accident. One of the

most important topics at the congress was responsibility of the world community for the future of Chernobyl children.

Another event that occurred in the Byelarus parliament is linked expressly to this topic. A. Volkov, people's deputy, candidate of sciences, who is working on problems of radiation medicine, handed out a statement, as an official document, which cited some tragic statistics that had been classified until recently.

As of 1 January, there were almost 1700 patients with cancer of the thyroid registered at the republic center, including 55 children 6 to 12 years of age. In the last few months, 299 more people, including 52 children, were added to the list. This refers to newly detected and "officially" registered cases. Over the 20-year period preceding the Chernobyl accident, there had not been a single child with cancer of the thyroid, and only 5 adults with such pathology were reported.

And it turns out that this is only the tip of the iceberg. At the present time, there are almost 200,000 Byelarus children with an enlarged thyroid gland. This means that we should expect a mass scale rise in morbidity.

Minister Quotes Statistics on Chernobyl-Related Diseases

AU2304102592 Kiev Radio Ukraine World Service
in Ukrainian 1300 GMT 22 Apr 92

[Extract of report delivered by Yuriy Spizhenko, Ukraine's minister of health, at the medical conference on Urgent Problems of Eliminating Medical Consequences of the Accident at the Chernobyl Atomic Electric Power Plant in Kiev on 21 April—recorded]

[Text] Compared with preceding years, one can clearly see a general trend toward a deterioration of the health of the population that was affected by the catastrophe. The leading place in the disease structure is accounted for by diseases of the respiratory organs as a result of acute respiratory infections. There follow diseases of the cardiovascular system and of the nervous system. In the disease structure in children, the first place is occupied by respiratory diseases, second by diseases of the digestive organs, and third—diseases of the nervous system.

Starting from 1989, an increase in cases of cancer of the thyroid gland in children was noted. Between 1981 and 1985, there were 25 such cases, whereas between 1986 and 1990—58. The highest rate of disease in 1990 and 1991 was recorded among the children of Kiev, Zhytomyr, and Chernihiv Oblasts.

An analysis of the structure of the general death rate indicates that in 1991, 16,073 persons died. Among the causes of death in adults, the leading one is diseases of the cardiovascular system, second malignant growths, and third—injuries and poisoning. Among the causes of death in persons who took part in eliminating the consequences of the accident at the Chernobyl Atomic

Electric Power Plant, injuries, poisoning, and accidents are the most common ones; then there follow diseases of the cardiovascular system; and then—malignant growths. In the structure of the death rate among children, first and second places are occupied by congenital traumas and prenatal pathology.

Among the causes of death among children over one year of age, the first place is occupied by accidents (42.8 percent), second by malignant growths (20.6 percent), and third—by congenital defects (9.3 percent).

Film Charts Post-Chernobyl Health Damage

PM2704143292 London THE DAILY TELEGRAPH
in English 27 Apr 92 p 9

[Report by Stephen Mulvey: "Chernobyl Film Reveals Details of Increasing Birth Defects"—all names as published]

[Text] Kiev—A Ukrainian film showing some of the most shocking footage yet seen of the human suffering caused by the Chernobyl explosion, was premiered yesterday on the sixth anniversary of the disaster.

The film, *While We Are Still Alive*, includes shots from a maternity hospital in the Zhitomir region, west of Chernobyl, where doctors reveal that the incidences of stillbirth and children born with adrenal or thyroid cancer are steadily increasing.

In some of the worst cases, children are born with the lower half of the body similar to a fish tail. A calf born alive, but without the lower half of its body, is also shown.

Birth defects are the main cause of infant mortality among 1.5 million Ukrainians under medical surveillance as a result of the disaster.

Mr. Giorgi Shklyarevsky, film director, said: "We are seeing now just the tip of a huge iceberg. We still have to get used to the fact that we are living with Chernobyl. We have to do what we can to minimise further casualties."

But experts have warned that worse is yet to come. Mr. Yuri Spizhenko, Health Minister, said: "The Chernobyl catastrophe has not ended. The ecological, psychological and material damage will continue to increase."

The Ukrainian authorities estimate that 6,000 to 8,000 people have died and 15,000 have suffered diseases because of exposure to radiation from the accident.

Health Ministry figures released this week show that only a third of those who helped to tackle the disaster, and even fewer of the 130,000 evacuees from the 18-mile zone around the reactor, are still healthy. About 60,000 children have unacceptable thyroid irradiation levels and the incidence of thyroid cancer is growing. In the three Ukrainian regions closest to the reactor the count for the years 1986-1990 was double that for 1981-1985.

Mr. Spizhenko said nutrition levels in Ukraine fell in 1991, especially in affected areas, and that although more than 150 proposals had been made to provide children with "radio-protective" diets, work was hampered by "huge economic difficulties".

The first priority was, however, an improvement in medical aid, he said.

The Chernobyl anniversary evokes complicated emotions. This year there have been two notable attempts at a conscience cleansing.

Mr. Vitaly Sklyarov, Energy Minister, who published a book on Chernobyl this week, said the reactor's constructors, and the Moscow-based authorities controlling it, were to blame, not the workers at the plant or the Ukrainian government.

Mr. Viktor Bryukhanov, the former plant director, who was released last year after serving prison and labour camp terms for negligence, said in a newspaper interview: "Even in our worst nightmare we did not dream that such a thing could happen to the 'super-reliable' apparatus...It was the constructors' job to see to it that no mistake by the staff could lead to such a tragedy."

The Ukrainian government has announced a competition to design a cover for the sarcophagus of the reactor, said to be riddled with holes large enough to let in birds.

It plans to close the whole plant by 1993, but some experts say technical demands may make it impossible to meet the deadline.

New Medicaments Created to Treat Low Radiation Dosages

LD1605162692 Kiev Ukrayinske Radio First Program Network in Ukrainian 1500 GMT 14 May 92

[Text] At the Kiev Institute of Pharmaceutical Chemistry for improving qualification of doctors, new medical preparations, so-called fito-sorbent [as heard] and vita-pektin [as heard], have been created. Their purpose is prevention and treating the effects of low radiation doses. They considerably strengthen the immunity of the organism and its ability to resist radiation. It is worth mentioning that these preparations are made from exclusively natural organic substances and have no side effects. Thus, there are preparations, but they are very few because they are made only by the laboratory of the Institute. Who will put them on a production conveyor? Hurry up, as foreign enterprises have already shown interest in the novelty.

FRANCE

Researchers Developing Vaccine Against Intestinal Parasites

92WS0435B Paris LE MONDE in French
19 Mar 92 p 1, 12

[Article by Franck Nouchi: "Vaccines Offer Hope for Development"; LE MONDE introduction is "Human experimentation of an antischistosomiasis vaccine will offer great possibilities for combatting parasitic illnesses."]

[Text] What if the fight against parasitic diseases were not lost after all? And what if, contrary to a belief that is only too common, it became possible to imagine the scourge of endemic parasitic illnesses conquered by vaccines?

Are we finally overcoming the fatalistic attitude with which we too often overwhelmed developing countries—often for lack of any effective aid?

Judging from the contents of certain papers read at the Annecy conference, many researchers are no longer resigned to fighting a lost cause. "After all," summed up Professor Andre Capron, director of the National Health and Medical Research Institute's (INSERM) Immunology of Infectious and Allergic Diseases Unit at the Lille Pasteur Institute, "the international community did not really step up its aid and efforts to combat parasitic illnesses, until 20 years ago. It takes time to develop a vaccine. So it is entirely natural, under the circumstances, that it took us until now to realize that vaccines are feasible."

All, then, is not lost. Indeed, backing up his words with deeds, Professor Capron announced that human experiments of an antischistosomiasis vaccine would be conducted under the aegis of the World Health Organization (WHO), probably before the end of the year. Schistosomiasis is one of the most widespread parasitic diseases in the world. Discovered in 1951 by Theodore Bilharz, it exists chiefly in tropical and subtropical regions.

The parasite responsible for the disease is a small, flat worm, the schistosome, of which five types pathogenic to humans are known. About 200 million people, most of them children and adolescents living in Africa, South America, and Asia, are now afflicted with schistosomiasis. And between 200,000 and 500,000 of them die of it each year.

"Spectacular Effects"

The parasite enters the organism by way of water or contaminated food. Once there, it passes through a fairly complicated cycle that finally brings it to the liver. There it causes various disturbances that affect the intestines, urinary tract, blood, etc., and that manifest themselves clinically in a bloated liver and spleen (hepatosplenomegaly) and portal hypertension.

The female worm that causes the disease can lay several hundred eggs a day that infest the entire organism. Epidemiological studies conducted in Gambia, Kenya, and Brazil have shown that immunity against the disease appears fairly late, at puberty. Professor Capron's team has also shown that the primary antibodies induced by introducing the parasite into the organism are IgE immunoglobulins.

Later, a lengthy and meticulous study at the Lille Pasteur Institute identified and cloned a protein that apparently has great protective powers. Dubbed P.28, it was genetically engineered by researchers under the direction of Professor Jean-Pierre Lecoq at Transgene in Strasbourg (see LE MONDE, 28 March 1987).

The protein has since been purified, crystallized, and tested in animals. Several studies have shown that it can reduce the production of parasites by nearly 75 percent. Better yet, when administered to infected baboons, it simply wipes out bladder lesions.

"Thus, the P.28 vaccine prototype," sums up Professor Capron, "has spectacular effects on both parasite fertility and the viability of parasite eggs." Experiments with the vaccine on cows in Sudan slashed production of parasite eggs by nearly 80 percent. (Some types of schistosomes, especially in Africa, infest livestock, causing significant growth delays and substantial weight loss.) Human experimentation of the vaccine, which should begin in a few months under the aegis of WHO, was the next step. If the vaccine were to prove effective, it would be the first antiparasitic vaccine ever devised.

In addition to their scientific value, these studies illustrate perfectly the need for researchers, manufacturers (in this case, Pasteur-Merieux Serums and Vaccines), and the big international organizations to cooperate closely in vaccinology.

The Importance of European Firms

The new development of the last few years is the steadily growing role played by European firms in the vaccine industry.

In Annecy, Mrs. N. Baudrihay of the European Federation of Pharmaceutical Industry Associations (EFPIA) pointed out that 67 percent of the vaccines used by UNICEF between 1985 and 1991 were European made. The trend coincides with a huge, worldwide movement to restructure the industry. Over the last few years, Merieux has taken over Pasteur Vaccines and Canaught, Wellcome has sold its vaccine business to Evans Medical (a subsidiary of Medeva), SmithKline, itself a division of Beecham, has acquired the Belgian company RIT, and the Italian firm Scalvo was incorporated into Biocine, a subsidiary of Ciba-Geigy, and so on.

It looks as if a few years from now not more than four or five large groups will still manufacture vaccines. Such a concentration is not without its problems. Unlike the traditional pharmaceutical industry, the vaccine

industry does not generate huge profits. And the low living standard of populations with parasitic diseases means that the industry must even produce at a loss. Under such conditions, it is vital not only to establish the type of cooperation mentioned above, but to involve governments in the research effort to develop new vaccines.

New vectors will probably make it possible within a few years to administer several different vaccines in one injection. With 88 of the 92 million births occurring each year in developing countries, the potential importance of such strides is evident. But lest we harbor any illusions, we should remember that this progress has a price. Not so much the price of the vaccine, which accounts for only 7 to 10 percent of the cost of a mass vaccination program, but of the salaries of the health-care workers who implement the program (about 60 percent of the total cost.)

Political leaders are usually more than willing to acknowledge that health is a major factor in a country's economic development. And they agree that underdevelopment is a factor in an instability that, in the long run, may be very harmful to industrialized countries. When will they move from words to deeds and give real meaning—at last—to their aid policies for developing countries?

Meningitis HIB Vaccine Approved for Marketing
92P20231A Paris *LE FIGARO* in French
19 Mar 92 p 12

[Unattributed article: "Vaccine for Meningitis HIB"]

[Text] A new vaccine for the meningitis *Hemophilus Influenza B*, which has been under study for several years, should be available starting 20 March. The firm Pasteur-Merieux-Serums-Vaccines has just obtained authorization to market this vaccine.

Responsible for thousands of serious infections occurring particularly before the age of 24 months, this formidable bacteria causes 600 cases of purulent meningitis in infants annually, with a mortality rate of 3 to 5 percent and a rate of neurological aftereffects ranging from 7 to 17 percent.

Infants are most vulnerable around the age of three months, after the disappearance of maternal antibodies. The vaccination can be administered at the age of two months, followed by a second injection at three months and a third at four months with a follow-up at the age of 18 months, at the same time as the Tetracoq vaccination is given.

IRELAND

Medical Journal Reports Heart Disease Mortality
92WE0347A Dublin *IRISH INDEPENDENT*
in English 17 Feb 92 p 3

[Article by Gordon Paterson: "Heart Disease 'Epidemic' Sparks Diet Warning"]

[Text] Irish people have been warned to reduce their consumption of fat to less than 30 percent, with diseases of the heart and circulation accounting for half of all deaths in Ireland.

The Republic and Britain share "the world's highest death rate from coronary heart disease," according to a report.

Scotland has the highest world figures for male and female heart deaths in the 30-69 age group; Irish men (336 per thousand) are third from the top of the table and women (104.6) fifth. Japanese men and Spanish women are the "healthiest."

The report, in the Irish Medical Journal, says: "Certain factors are strongly related to coronary heart disease including blood cholesterol level, cigarette smoking and high blood pressure. However coronary disease is very rare in communities with a very low fat intake.

"It has been established beyond reasonable doubt that cholesterol lowering reduces heart attack risk."

People are advised to eat more vegetables and cereals and reduce their intake of salt. Men are advised to drink no more than 21 units of alcohol per week, and women no more than 14. One unit of alcohol equals half a pint of beer, one glass of wine or one small glass of spirits.

Meanwhile, a professor is coming to Dublin next month to lecture on a controversial 10-year study into heart disease carried out in Finland.

Prof. Michael Oliver, director of London's Wynn Institute for Metabolic Research, will discuss the study's indication that treating risk factors for heart disease may actually increase the incidence of attacks.

He wrote recently in the British Medical Journal under the title "Doubts about preventing coronary heart disease—multiple interventions in middle-aged men may do more harm than good." He said that in the study, involving 1,222 Finnish businessmen, it had been established that those who received treatment were found to have significantly higher rates of death overall, from all causes including heart attacks and violence.

The researchers admitted they could not find any obvious explanation.

Dramatic Drop in Heart, Stroke Deaths

92WE0432 Dublin *IRISH INDEPENDENT* in English
20 Mar 92 p 6

[Article by Stephen McGrath]

[Text] There has been a dramatic decline in deaths from heart disease and stroke during the past decade in Ireland, President Mary Robinson was told yesterday when she visited the Irish Heart Foundation (IHF) in Dublin.

IHF President, Dr. Michael Walsh, said the most recent figures showed a drop of 22 percent in deaths from coronary heart disease among women between 1980 and 1988. A similar pattern was recorded among men, with the figures showing an overall drop of 16 percent in death rates during the same period.

The biggest drop was recorded in the year 1987/88 for both sexes.

Dr. Walsh added that even more positive developments were reported in stroke mortality during the 1980-88 period, with a 46 percent reduction in deaths of women and a 27 percent decline in deaths among men.

"Those of us working in the area of the prevention of heart disease, including the Irish Heart Foundation, find these figures very encouraging," Dr. Walsh said. Irish people, he said, were obviously beginning to listen to the Foundation's message about healthier lifestyles.

During her visit, to mark the IHF's 25th anniversary, President Robinson met members of staff involved in the fight against heart disease which is still Ireland's number one killer, accounting for 47 percent of all deaths.

IHF chief executive Paddy Murphy said that despite increasing demands on discretionary funds and Government cutbacks in the health sector, the organization had been able to triple its allocation of funds to cardiac research over the past five years due to generous public support.

Mr. Murphy said the Foundation was working hard at heart disease prevention in the community and was aiming to set up local prevention "Happy Heart" programs in each of the 26 counties. Such programs are being set up in Donegal, Galway, Kerry, Cork, Wexford and Carlow.

"In no aspect of medicine is the logic of prevention so clear as it is in relation to cardiovascular disease," he said.

Cuts in Health Spending Biggest in EC

92WE0430A Dublin *IRISH INDEPENDENT*
in English 25 Mar 92 p 6

[Article by Clodagh Sheehy]

[Text] Health cutbacks here in the past five years have been 10 times greater than those in other EC countries, according to OECD figures issued yesterday.

Fine Gael health spokesman, Richard Bruton has attacked the cuts and the failure of the Government to give priority to community services, carers and the mentally handicapped.

Deputy Bruton pointed out that we had dropped from a position of third highest spender on health among EC countries in 1987 to seventh place in 1990.

Our health spending is now behind that of France, Germany, the Netherlands, Italy, Belgium and Luxembourg.

Mr. Bruton stressed that while hospital services in this country now accounted for more than 50 percent of the health budget, there had been a steady decline in spending on community services.

"It seems to be the general trend in Ireland that while hospitals tend to hold on to their share of the budget, all other areas tend to lose out."

The figures, published by the Institute of Public Administration, also reveal that public health spending in Ireland tripled between 1960 and 1975, and quadrupled between 1960 and 1980.

It remained constant until 1987 and declined somewhat up to 1989. It had recovered to its 1986 level by 1990.

Ireland now spends 7.1 percent of GDP on health services, compared to 8 percent in 1987.

ITALY

Gene Transplant Performed to Cure Immunodeficiency

92MI0348 Milan *L'INDIPENDENTE* in Italian
13 Mar 92 p 5

[Article by Daniela Vincenti: "Revolutionary Treatment"]

[Text] It is the first operation of its kind in the world and the third in Europe. Last Monday at the San Raffaele hospital in Milan Dr. Claudio Bordignon, in collaboration with the Pediatrics Department of the University of

Brescia, performed a "gene" transplant operation on a child with SCID [Severe Combined Immunological Deficiency], a congenital immunodeficiency caused by the absence of adenosine deaminase (ADA). The lack of ADA, an enzyme participating in cellular metabolism, leads to an accumulation of toxic molecules that kill lymphocytes, a type of leukocyte that plays an important role in the body's immunological defense system.

According to Dr. Bordignon, this operation paves the way for further applications not only in the field of congenital and hereditary diseases, but also in the area of nonhereditary and infectious diseases such as AIDS or cancer. "Although the solution is not yet close at hand, we have already passed the theoretical stage because we already know what to do," stated Bordignon.

But what is "gene therapy"? Here is Dr. Bordignon's explanation: The whole idea is based on the assumption that the ultimate cure for a disease may come from the correction of the defective gene. Using this technique, retroviruses that are no longer capable of propagating within the organism are used as carriers of a genetically-engineered gene containing the new genetic makeup. Obviously, as Dr. Bordignon emphasized, the gene transfer only occurs in the somatic cells of peripheral blood or bone marrow, that is, in cells incapable of changing the patient's genetic and hereditary traits. Once the transfer has taken place, the cells are reintroduced into the patient's body as in a normal blood transfusion.

The above operation was performed on a five-year-old boy from Calabria, who is only known by his initials, G.B. When G.B. was 11 months old, he was referred to the Brescia Pediatrics Department, the only center in Europe for congenital immunological deficiencies. The director of the Brescia clinic Alberto Ugazio stated: "The boy was seriously ill. He was suffering from a large number of infections and severe diarrhea accompanied by weight loss." After immediately diagnosing the almost complete lack of lymphocytes in G.B.'s blood, the doctors decided to place the boy under a sterile plastic "bubble."

The approximately 50 children who suffer from SCID worldwide have few therapeutic choices. The only therapy that has an 80 percent success rate is a bone marrow transplant. In G.B.'s case, however, none of his brothers turned out to be compatible. Doctors, therefore, treated the boy with transfusions of erythrocytes that supplied the lacking ADA and detoxified the body. Frequent transfusions, however, lead to severe complications. Therefore, G.B. was administered PEG-ADA, a drug made with bovine ADA. After an initial improvement, however, the boy's immunological system developed antibodies specific for the drug.

Given the situation, the only possible solution seemed to be the "gene therapy" that had already been carried out by Dr. F. Andersen and Dr. M. Blaese in the United States over a year before.

Upon approval of the National Bioethics Committee, G.B. underwent the first operation in which the gene

transfer was only performed in peripheral blood. Within a month the boy will undergo a similar operation on the bone marrow. Dr. Bordignon has stated that this second stage sets the Italian therapy apart from the American therapy that was carried out on blood lymphocytes only. Dr. Bordignon, who is optimistic about the results of the treatment, has postponed a final statement.

This opens up a glimmer of hope for other genetic diseases. Professor Alberto Ugazio maintains that apart from SCID the new "therapy" may also be used to treat the following five diseases: Lesch-Nyhan syndrome (a form of dementia), cystic fibrosis, muscular dystrophy, hemophilia, and putino-nucleosider [as published] phosphorylase deficiency (another severe type of immunodeficiency). Normal genes for these diseases have already been isolated and cloned. However, a diagnostic effort is also required: About 75 percent of children suffering from immunodeficiency die before the disease is even diagnosed.

SWEDEN

Hospital Adds Infectious Diseases Ward

92WE0419D Stockholm SVENSKA DAGBLADET
in Swedish 14 Apr 92 p 13

[Text] Soder Hospital's new infectious diseases ward was dedicated on Monday. The ward has 15 beds and replaces the one at the defunct Roslagstull's Hospital.

Previously patients with infectious diseases were transferred, but now it is the plan that patients who come to Soder Hospital's emergency reception will be taken care of directly.

Physician Comments on Safety of Blood Supply

92WE0453C Stockholm DAGENS NYHETER
in Swedish 4 May 92 p 5

[Article by Anders Hellberg: "Little Risk of Getting Infected Blood"]

[Text] No blood given in Sweden today can be guaranteed to be free of jaundice or HIV.

"But our new tests discover 80 to 90 percent of all blood which has been infected with hepatitis C, which spreads jaundice," said Lena Grillner, a virologist at the Karolinska Hospital in Solna.

At present, each year 50 to 100 people in this country are infected with hepatitis C through blood transfusions. Recently eight such cases were discovered at the Karolinska Hospital, but none of them had developed a chronic liver infection.

On Sunday the bloodbank at the Karolinska was flooded with telephone calls after stories in SVENSKA DAGBLADET about the new cases which had been discovered at the hospital.

"As long as we can't disinfect blood before it is used, it's impossible to guarantee completely that no one will get infected," Grillner said.

"The alternative is not giving any blood at all, and in many cases that means people die."

Currently patients who get blood transfusions receive no information about the risk of infection with jaundice. Yet most who receive blood have no choice. Only a small number can manage with their own blood—mostly those undergoing less serious interventions which were planned far in advance.

Leukemia

Patients with hemophilia and leukemia need very large quantities of blood and cannot get by with their own drawn blood.

"Getting blood is never free of risk, but we should remember that 125,000 people receive blood in Sweden every year," Grillner said.

She emphasized that completely reliable blood tests exist nowhere in the world. In the United States an earlier generation of blood tests is still used in which only 60 to 70 percent of all infected blood is discovered.

Of the three types of jaundice virus, hepatitis C is the most serious, since half of all those who are infected develop a chronic infection in the liver. Of these, one-fifth develop cirrhosis of the liver, which can lead to death. However, one-half of those infected manage, frequently without any symptoms, and the illness clears up on its own.

For a long time it was believed there was no cure for chronic hepatitis, but recently one-quarter of jaundice patients have become healthy after being treated with interferon.

Serious Symptoms

Hepatitis A is not transmitted through blood, and the B virus only produces serious symptoms in perhaps 10 percent of those infected.

Hepatitis C was discovered in 1989 and has turned up in 0.5 percent of all blood donors.

Thus upwards of 90 percent of these were discovered with the new tests which have been in use for one year.

"Until two years ago, we had no tests and discovered no infected blood—that gives you an idea of how little can happen today," said Lena Grillner.

Jan Lindsten, director of the Karolinska Hospital, put it this way: "We have known of the connection between hepatitis and blood transfusions for 15 years without being able to do any tests at all."

Currently no one in Sweden is infected with HIV through blood. HIV has not been spread in Sweden through a blood transfusion since 1985. This despite the fact that a risk still exists, inasmuch as, on average, four blood donors with HIV have been discovered in this country in recent years.

UNITED KINGDOM

Rise in Hay Fever, Asthma Due to Pollution

92WE0428 London THE DAILY TELEGRAPH
in English 3 Apr 92 p 9

[Article by Peter Pallot, Health Services Staff]

[Text] Asthma among children has doubled in 25 years, according to research published today.

Hay fever and the skin condition eczema increased still more, doctors say in the British Medical Journal.

They claim their research, among 3,400 Aberdeen children aged eight to 13, gives evidence of a rise in the three linked allergies. They deny that the rise is due "to changes in diagnostic fashion."

The proportion of children suffering from wheezing increased from 10 percent in 1964 to 20 percent in 1989, says Dr. Titus Ninan, research fellow at Aberdeen University child health department.

Diagnosis of asthma increased from four percent to 10 percent, hay fever from three percent to 12 percent and eczema from five percent to 12 percent.

The diseases are among few in Britain to be increasing. Dr. Ninan and Dr. George Russell, consultant in medical pediatrics at Royal Aberdeen Children's Hospital, blame the rise on centrally-heated, doubled-glazed homes providing ideal breeding grounds for the dust mite.

An influx of oil workers since 1964 causing traffic fumes could also be responsible, the doctors continue. Chemical pollution by farmers is also implicated.

On eczema the doctors speculate that a decline in breast feeding or a change in infant-feed formulas could have triggered the increase.

On hay fever, pollution is again blamed. "There is no evidence that pollen counts are rising," the doctors say.

Evidence from Japan, where hay fever was almost unknown 50 years ago, supports the theory that vehicle exhausts are to blame for the rise in allergic diseases.

Researchers found that people living alongside motorways where pollen-producing cedar trees grew were three times more likely to suffer from hay fever than people living near cedar forests away from traffic.

Hospitals Succeed in Cutting Waiting Lists

93WE0429 London THE DAILY TELEGRAPH
in English 3 Apr 92 p 2

[Article by David Fletcher]

[Text] The number of people waiting more than two years for hospital treatment has plummeted from more than 50,000 a year ago to just over 1,600, the Department of Health announced yesterday.

The massive reduction is a major success for the Government in cutting waiting times although it has narrowly missed its target of eliminating all two-year waiting from the beginning of this month.

Four of the 14 regional health authorities have succeeded in treating all patients in under two years and another four have fewer than 10 patients waiting.

Nearly half of all patients waiting more than two years—788—are concentrated in North East Thames Health region. A spokesman said all but 11 were waiting for plastic surgery and they would all be treated by the end of June.

Critics have claimed that drive to cut long waiting lists has been achieved at the cost of growing numbers of patients waiting more than one year but less than two.

Figures from the Department of Health partially confirm the claim because those waiting more than a year rose from 813,000 to 817,000 between February and March although the total waiting list was down by 0.6 percent to 925,663.

Mr. Waldegrave, Health Secretary, described the figures as "an outstanding success for the NHS". It was unacceptable, he added, that patients who had been promised treatment by their doctors should be expected to wait for more than two years to receive it.

Five years ago, the number waiting for more than two years stood at more than 90,000. "There are 186 district health authorities. In 153 of them, waiting times of more than two years are now a thing of the past.

"Over 80 percent of district health authorities have delivered in full the Government's commitment to abolish two-year waiting lists."

Waiting lists of more than 18 months for hip replacements, knee replacements and cataract surgery would be abolished under a future Tory Government, he pledged.

But the mental health charity MIND said 57,000 mentally ill patients were being ignored.

Miss Judi Clements, national director, said: "The Patients' Charter should include those diagnosed as mentally ill. This is the waiting list everyone seems to have forgotten about."

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